

**ACCOMPANYING PEOPLE THROUGH THE FIRST THREE STEPS
OF ALCOHOLICS ANONYMOUS**

**A Dissertation
Presented to
the Faculty of the
School of Theology at Claremont**

**In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy**

**by
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This dissertation, written by

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and approved by its members, has been presented
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Abstract
Accompanying People Through the First Three Steps
of Alcoholics Anonymous
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This study describes perspectives used to understand alcoholism from psychological and theological points of view. The Preface provides a brief review of current research concerning the medical aspects of the illness, and the limits of ascribing obsessive drinking to purely physical causes. Chapter 1 identifies the goals of this dissertation: (1) to describe the first 3 steps of the Alcoholics Anonymous 12 step recovery plan; (2) to describe patterns of pastoral intervention, including "storytelling theology," which can occur in the context of these 3 steps; (3) to illustrate the use of object relations theory as a way to understand the psychological dynamics of addiction; (4) to apply process theology to the spiritual dynamics of pastoral interventions in early recovery from alcoholism; and (5) to illustrate the application of research methodology to pastoral care by use of the "semantic differential" tool.

Chapter 2 associates the first step of Alcoholics Anonymous with an individual's willingness to accept "essential limitedness," an acknowledgment that opens recovering persons to the pain of their illness and the need for support. Theories of "co-dependence" provide an explanation of the power of denial for individuals who suffer from alcoholism. Support for facing the painful realities of addiction comes, in part, from faith in a "Power greater than ourselves," as AA puts it. In Chapter 3, pastoral conversations with recovering patients illustrate how storytelling theology can help recovering individuals explore their faith.

Object relations theory postulates that the meaning of faith reflects

the way people have internalized fundamental relationships, beginning with the earliest experiences of the way they were parented. It also suggests that addictive drinking might find its etiology in these internalized relations. Chapter 4 discusses aspects of object relations theory, and Chapter 5 shows how this theory has been applied in addiction studies. Chapter 6 identifies how object relations theory describes the developmental patterns of belief in God.

Process theology offers a perspective for pastoral care in the early stages of recovery from alcoholism. It shows how God is active in the process of changing the internal relationships which maintain addictive attitudes and behaviors. Chapter 7 discusses these theological insights.

The final three chapters of this study describe the use of the semantic differential instrument to study pastoral interventions focusing on the first three steps of Alcoholics Anonymous. These findings provide limited support for the theories outlined in the paper.

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I gratefully acknowledge permission of Alcoholics Anonymous World Services for the use of the material quoted from the book, Alcoholics Anonymous. It appears in this text as "Appendix A." Their generous permission does not imply that my opinions and observations reflect, in any way, the philosophy or opinions of Alcoholics Anonymous or any of its members.

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The staff of Peninsula Hospital's Chemical Dependency Program has supported and challenged me for more than seven years. The librarians at Peninsula Hospital's Health Sciences Library were very helpful, and I am grateful for their assistance.

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My family has been very gracious. How odd that this paper, so concerned with the nature of parenting, should be such a distraction at times to my own fathering. I am beholden to my wife, Nancy, and her more than "good enough" mothering.

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Preface

Theories about the nature of addiction to alcohol abound. The idea that alcoholism is a "disease," in the sense that it is an organic dysfunction, has nearly always been conditioned by psychological and/or sociological explanations of its etiology and natural course. Alcoholics Anonymous, the organization of mutual support for those attempting to abstain from alcohol, helped to popularize the disease concept of alcoholism. Its early formula, taken from Dr. William Silkworth, is stated in the book Alcoholics

Anonymous:

We believe. . . that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve.¹

An "allergy and obsession" is the short-hand that Bill W., one of AA's co-founders, uses to describe the illness.² The "allergy" refers to some biochemical condition that is uniquely present in those with the disease of alcoholism. The obsessional nature of the problem points to its emotional aspect.

¹ Alcoholics Anonymous, 3rd ed. (New York: Alcoholics Anonymous World Services, 1976), xxvi.

² Bill W[ilson], As Bill Sees It: The A.A. Way of Life (New York: Alcoholics Anonymous World Services, 1967), 180.

This formula, "allergy and obsession," is important to AA in both of its parts, for the physical element undergirds AA's commitment to the goal of total abstinence from alcohol; while the emotional element illustrates the need for support and participation in the fellowship of AA.

However, the physiology of alcoholism has never been sharply defined by the research community that studies addiction. Still to be discovered is the exact mechanism of physical addiction. Is it genetic, biochemical, a matter of chronic use and change of tolerance, or some combination of factors? Some argue that there is no adequate physical explanation, and that alcoholism might not even be a physical disease. Whatever the ultimate conclusion may be, the term "allergy" was meant to refer to the essential physical characteristics of alcohol addiction which lead to "loss of control" and "inability to abstain." These characteristics of addiction were identified by E. M. Jellinek, in The Disease Concept of Alcoholism,³ the basic text for the disease model.

"Loss of control" and "inability to abstain" are familiar ideas in the context of AA. Loss of control refers to the inability to drink in a non-compulsive manner; to drink one or two drinks, or perhaps a sip, without the irresistible urge to drink more. Loss of control is the source of the AA cliché, "It's the first drink that gets you drunk."

"Take it a day at a time," is the AA cliché that most nearly approaches the AA response to inability to abstain. It refers to the AA belief that once a

³ E. M. Jellinek, The Disease Concept of Alcoholism (New Haven: College & University Press, 1960), 69.

person becomes an alcoholic, he or she is unable to make a lasting commitment to abstinence without continuous life-long support. This inability is projected on to alcohol itself in the phrase from the AA text, "Remember that we are dealing with alcohol--cunning, baffling, powerful! Without help it is too much for us."⁴ Essentially, what AA is announcing to its members is that a period of abstinence is no reason to withdraw from the fellowship; inevitably, without support, one will drink again. Even more, the urge to drink will sometimes be so great that a commitment to lifelong sobriety is unrealistic. One need only focus on not drinking for today.

Arguments against this formulation of alcoholism, that is, as a physical disease characterized by inevitable failure to abstain and irresistible compulsion to drink beyond moderation, have been summarized by Herbert Fingarette in his recent book, Heavy Drinking: The Myth of Alcoholism as a Disease.⁵ Fingarette points to research that refutes the claim that chronic drinkers lose control of their drinking inevitably with the first drink.⁶ He also points to studies that show a capacity for those who are considered alcoholic to choose not to drink on particular occasions in some cases, and for extended lengths of time in others.⁷ These phenomena actually are con-

⁴ Alcoholics Anonymous, 58-9.

⁵ Herbert Fingarette, Heavy Drinking: The Myth of Alcoholism as a Disease (Berkeley: University of California Press, 1988).

⁶ Fingarette, 33-5.

⁷ *Ibid.*

firmed in the stories that appear in the basic text of AA.⁸ Certainly there is no compelling evidence to state that an alcoholic is one who inevitably suffers from loss of control and inability to abstain as a function of a physical disorder.

Fingarette also challenges the physical basis for claiming that an "allergy" creates an "irresistible craving" for the substance of addiction.⁹ He cites studies that show the phenomenon to be a subjective experience, greatly shaped by the immediate environment. He concludes: "Craving, then, is another myth."¹⁰

Without further evidence to the contrary, it is possible to argue that Fingarette has offered an adequate basis for claiming that the characterizations of craving, inability to abstain and absolute loss of control, as the physical characteristics of the disease of alcoholism, are medically obsolete. (There are more recent formulations of the physical aspects of addiction.

⁸ In Alcoholics Anonymous the second half of the book is given over to personal stories about the authors' drinking careers. Several illustrate occasions of limited drinking, or of long periods of unsupported abstinence.

⁹ Fingarette, 41-3.

¹⁰ Ibid., 43.

These will be presented in Chapter 1.)

Fingarette's reasoning is less compelling when he attempts to explain away the psychosomatic aspects of alcoholism.

He returns to the idea of "craving" to explain away the traditional understanding for alcoholic drinking. Fingarette claims that the reference to craving, the obsessional aspect of the illness, is meaningless because it is tautologous.¹¹ He argues that the idea of craving is circular by asserting that, since frequent drinking implies a strong desire to drink, the claim to crave a drink implies nothing more than a strong desire. Unfortunately, since Fingarette's standard for the meaning of craving is "irresistibility" on the basis of physical factors only, and not simply a terribly strong desire, he overlooks the profound emotional distress that longing for a drink reflects.

In fact, Fingarette is simply naive about emotional aspects of the syndrome of abusive drinking. While the debate about the possibility of "controlled drinking" as a therapeutic goal is reflected in the studies that Fingarette reviews, these studies do not address the reality of the emotional aspects of the illness. Even if the non-existence of somatic origins for the compulsion to drink can be fully granted, the emotional and spiritual aspects of "heavy drinking" offer a compelling argument for abstinence. Fingarette points to them himself.

Fingarette's conclusion about "heavy drinking" is that it is a "way of life."¹² Although he does not explore the motivation for such drinking, he

¹¹ Ibid., 42.

¹² Ibid., 99.

does acknowledge that it may "often appear irrational."¹³ It is here that he and AA are in complete agreement. AA would agree with Fingarette's characterization of that organization as a "way of life." AA would also affirm that the alcoholic's drinking is irrational, and apt to be irrational at any future point as well. Therefore, a fellowship that offers guidance for lifestyle changes, with support to avoid the admittedly persistent and unreasonable use of alcohol, seems as appropriate for "heavy drinking" as it does for "the disease of alcoholism."

It is possible to conclude that AA sees the debate about the physical aspects of the illness as secondary, and uses the medical model only as part of its effort to lead abusive drinkers to accept that they are "powerless" to solve their drinking problems by themselves.¹⁴ In the philosophy of AA, it is impossible to separate the need for life-long abstinence from the expectation that AA will, indeed, become a matter of lifestyle for recovery. Physical, organic addiction is a sufficient, but not necessary, reason for life-long participation in recovery. The emotional and spiritual aspects of abusive drinking are the necessary reasons to make recovery with abstinence a matter of

¹³ Ibid., 38.

¹⁴ Alcoholics Anonymous, 92.

lifestyle, as I shall now illustrate.

In describing the recovery lifestyle, the AA text explains the disease process in this way:

Resentment is the "number one" offender. It destroys more alcoholics than anything else. From it stem all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically.¹⁵

The narrow sense in which Fingarette repudiates these physical manifestations of alcoholism is secondary in AA. It serves an emotional purpose, to move a person to accept help, but it is not the main focus of the healing process outlined in the AA text. In his article, "Why A.A. Works," Ernest Kurtz writes, "A.A. addresses itself not to alcoholism, but to the alcoholic."¹⁶

Kurtz concurs with Fingarette that the matter of control, whether lack of ability to abstain or to limit intake, is not inevitably physically determined. If that were the case, why would AA expect its member to be responsible for avoiding "that first drink" in its affirmation of abstinence? Kurtz points to the idea of "limited control" as the essential experience of AA:

The emphasis on control as limited, as neither absolute nor to be abdicated, pervades the A.A. program. "You can do something, but not everything" runs the constant implicit, and at times explicit, message.¹⁷

¹⁵ Ibid., 64.

¹⁶ Ernest Kurtz, "Why A.A. Works: The Intellectual Significance of Alcoholics Anonymous," Journal of Studies on Alcoholism 43, no. 1 (1982): 43.

¹⁷ Ibid., 53.

This is a fine balance, nearing a paradox. The recovering lifestyle offered in AA demands acceptance of responsibility ("Don't take that first drink."); and acceptance of limitedness ("We are powerless over alcohol . . ." as AA literature puts it.) The message is: "You can choose not to drink, but not without help." By this formulation of the problem, AA has moved beyond a mechanistic or biochemical understanding of the illness, to one that acknowledges the role of motivation, cooperation and faith. Kurtz discusses the implications for mutual support in this message, and writes: "Accepting mutual essential limitation enables living out a dialectical relationship of congeniality that defines creatively the human need for others."¹⁸ At this point, Kurtz acknowledges the obvious, that AA is actually "opposed to some *mere* disease concept of alcoholism."¹⁹

AA maintains the dialectic of self and others, the paradox of responsibility and limitedness. Its aim is to help individuals transcend the former alcohol-oriented lifestyle, and their own previous image of themselves. The AA model of transcendence is not one of mastery over the drinking syndrome, nor is it directed to self-sufficiency. The goal is a stable lifestyle of

¹⁸ Ibid., 56.

¹⁹ Ibid.

mutuality that extends well beyond a narrow focus on abstention. The goal is responsibility in the context of a caring fellowship. It is a context that fosters maturity.

Kurtz finds a model for the AA dynamic in that of normal childhood. He turns to D.W. Winnicott for a description of this dynamic:

One matures from the "experience. . . of being alone, as an infant and small child, in the presence of mother." Thus, the basis of the capacity to be alone is a paradox; it is the experience of being alone while someone is present.²⁰

In the lifestyle it promotes, AA holds the balance of independence, like a child learning to walk on its own; and dependence, with appropriate acceptance of the support to avoid drinking and grow emotionally and spiritually. The healthy mother/child relationship is the epitome of this dialectic of dependence and independence, for Winnicott sees the experience of childhood nurturance as the genesis of human mutuality, and as the foundation of a capacity to believe in God.

One might say that a person's capacity, or non-capacity, for faith reflects both the health of their experience of "standing alone in the presence of mother," and their ability to form mutual relationships as adults. That reflection, in fact, is at the core of this dissertation. The AA lifestyle, with the guidelines of its 12 steps, offers the opportunity to "stand alone in the presence of others." In this context, abstinence is not simply a matter of proscription on the basis of bodily dysfunction, it is an affirmation of the

²⁰ Ibid., 63.

it physically healthy?," but "Why has this person renounced the mutuality of AA fellowship?" For AA, there are no "safe" amounts of alcohol. The power of a symbolic act is not limited by physical quantities: How much wine does it take to have communion?

Symbolism is the essence of spirituality. The chaplain's intervention which this dissertation explores is designed to help people recovering from alcoholism discover a personally-satisfying symbol for mutuality, the experience of "standing alone in the presence of another."

CHAPTER 1

Introduction

Problem

I was prompted to do this study by a surprising, although gratifying, phenomenon. The patients in the drug and alcohol program where I am employed seemed unexpectedly satisfied with private conversations they were having with the hospital chaplains on the topic of "higher Power." Just prior to my arrival in 1982, the rehabilitation staff had begun to ask the chaplains to talk with patients who had particular difficulties with grief, guilt and faith. What was initially an occasional intervention with patients that had particular problems with the idea of a "Power greater than ourselves," soon became a standard part of the 28-day rehabilitation program.

The addiction rehabilitation program at Mills/Peninsula Hospital in Burlingame, California uses the Alcoholics Anonymous 12 step program as a basic recovery tool. (The 12 steps are cited in Appendix A.) Of these 12 steps, the first five are seen as therapeutic goals to be experienced during the month of hospitalization. These first five steps are as follows:

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.¹

¹Alcoholics Anonymous, 59.

While the use of pastors or chaplains is a familiar practice with regard to step 5, a standard pastoral intervention with regard to steps 2 and 3 seems less familiar. As I began to study the literature of recovery, I was struck by the note of caution that characterized discussion of steps 2 and 3. This concern is well-founded. As one author puts it, "Step Two offers religion the suggestion that some people cannot reasonably be expected to go all the way from disbelief to the historic truths of the Christian faith in one jump."² In fact, there is an irony deeper than an understanding of the need for patience in the process of conversion. It is that many alcoholics already claim to be among the faithful. This step suggests that, even so, they lack something that steps 2 and 3 identify as necessary for recovery. The AA text puts it this way:

Your prospect may belong to a religious denomination. His religious education and training may be far superior to yours. In that case he is going to wonder how you can add anything to what he already knows. But he will be curious to learn why his own convictions have not worked and why yours seem to work so well.³

People of every religious interest and level of involvement become addicted and seek treatment. These two characterizations are of the extremes; the person without faith and the person with sophisticated religious understanding. But pastoral texts concerning recovery seem to have an in-

² G. Aiken Taylor, A Sober Faith: Religion and Alcoholics Anonymous (New York: Macmillan, 1953), 58.

³ Alcoholics Anonymous, 93.

herent dichotomy; they identify the great need for spiritual renewal, even as they counsel a cautious attitude about trying to move too quickly to an acceptance of "God as we understand Him." In these texts, I have not been able to discover a discussion of the way steps 2 and 3 are used directly as pastoral interventions.

Howard Clinebell, in Understanding and Counseling the Alcoholic, suggests that steps 2 and 3 occur in a natural process of gradual assimilation, that the alcoholic generally comes to know what these steps mean for her or him in retrospect.⁴ He suggests that pastoral guidance might best follow the AA pattern of self-revealing concern. To that end he quotes Marty Mann, who says a pastor may help an alcoholic if the pastor is willing to "recall out of his own experience some time of deep crisis or personal suffering in which he found comfort from his faith, and could tell that story simply and directly."⁵

The idea of clarifying the meaning of the first 3 steps of AA by telling stories is the way that this pastoral intervention evolved, but it is the patient's story that we elicit. Storytelling theology is part of the answer to one of three questions this paper addresses.

The first question, which emerged as my colleagues and I began to discuss our experiences accompanying people through the first three steps of AA, was: "How do we describe this intervention?" Clinebell's text seems typical of the literature of the field of pastoral care and alcoholism, that the

⁴ Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic, rev. (Nashville: Abingdon, 1968), 137, 249-50, 256.

⁵ Ibid., 219.

deep need for a spiritual change is recognized, and caution about premature use of spiritual language is offered.

It is the steps themselves that suggests how early in the recovery process spiritual issues should be acknowledged. It is as if the steps are saying, "step 1 identifies the problem, but before you rush off to fix it, steps 2 and 3 tell you where to find help." This thesis is my attempt to describe how these first three steps can be used to solidify the person's own spiritual resources in a way that does not feel like an imposition of external values or beliefs.

A second question that emerged from the success of these interventions was: "What dynamics are involved in these interventions?" In this paper, I will use object relations theory to discuss the psychology of these pastoral interventions. I will refer to process theology to describe the theological aspects of step 2 and 3 interventions.

The final question that emerged with regard to our second and third step protocol was: "Can the affect of these conversations be measured?" The semantic differential instrument was chosen as a tool that respects the power of discourse and the ideas to which it makes reference. In the hospital setting, we could not selectively deny these interventions to a sub-group of patients for a controlled study, so a quasi-experimental approach was designed for this research. I will reflect on the findings of the study, in the light of the theoretical ideas of the previous chapters, and identify the way these studies have enriched the rehabilitation process at this facility.

Purpose of the Study

The goal of this study is to describe one possible "middle path" between the familiar acknowledgment of the importance of spiritual growth for recovering alcoholics; and the wise caution against alienating someone with

guilty hypersensitivity to issues of faith and morals, a sensitivity which most alcoholics suffer from in early recovery.⁶

This paper describes a particular pastoral intervention, and offers theoretical rational for its effectiveness from psychological and theological perspectives. Beyond the goals inherent in the study itself, this paper seeks to invite a fresh look at pastoral assertiveness in the earliest phases of recovery from alcoholism. It seeks to illustrate non-judgmental helping, a way to encourage patients to articulate the meaning of "higher Power" or "God as we understand Him" for themselves. The great benefit of this intervention is that patients may not need to wait for the spiritual aspects of recovery to "sink in" by implication, but can anticipate and invite these strengths by reframing spiritual language in their own words and experiences.

Statement of Objectives

In the theoretical section of this paper, an understanding of the association of psychological factors with theological perspectives will be presented. As Howard Clinebell puts it:

Spiritual and interpersonal difficulties, and growth are actually two sides of the same reality--the reality of one's relationships. Anything that enhances the quality of one's relations with one's fellows will tend to improve one's relationship with God, and vice versa. Conversely, blocks in relationships with one's spouse, children, and friends have their counterparts in blocked relatedness with God.⁷

Clinebell could easily have added reference to one's relations with one's parents. The first objective of this study, beyond presenting a descrip-

⁶ Ibid., 216.

⁷ Ibid., 249.

tion of the second and third step intervention, is to discuss the interaction of psychological and spiritual dynamics from the perspective of object relations theory. Using the theories of D. W. Winnicott and subsequent studies by Margaret Mahler and Ana-Maria Rizzuto, I will illustrate how the parent/infant interaction, symbolically reexperienced through one's life, becomes the paradigm for one's relation with God. Then I will use the model of process theology to discuss the healing nature of steps 2 and 3 from a spiritual perspective.

In the research chapters I will describe my use of the semantic differential instrument to test this hypothesis: The chaplain's step 2 and 3 intervention fosters a positive change in the patient's attitudes about "God" and "higher Power." This opportunity to apply scientific methodologies to the study of pastoral interventions is rich with possibilities. This research is my attempt to bridge the dualistic gulf between "Religion" and "Science" by affirming a common epistemic language.

A thorough-going understanding of the individual cannot ignore that person's beliefs. As Ana-Maria Rizzuto puts it:

In their training our generation of analysts have not received the detailed understanding I think is necessary to appreciate the specific contribution of the God representation to psychic balance. As in many other areas, if the analyst's personal analysis has not helped him come to terms with his religious beliefs or lack of them, there is a risk of unchecked countertransference reactions in this realm.⁸

Merle Jordan expresses the same concern for the power in the shape of each person's faith, as a pastoral counselor, when he remarks, "Man's

⁸ Ana-Maria Rizzuto, The Birth of the Living God: A Psychoanalytic Study (Chicago: Univ. of Chicago Press, 1979), 210.

image of God and his image of himself are always linked together.' In other words, the self mirrors its own perceived absolute."⁹ Both religion and science have much to say about the nature of this mirroring, and it is the discipline of empirical method which will foster the conversation.

Definition of Terms

The few technical terms needed in the discussion of "object relations" and process theology are best left to their respective chapters. However, there are several concepts which are part of the broad horizon of discourse in which this paper is set. A brief explanation of those terms is in order.

Alcoholism

In the Preface, I acknowledged the controversy concerning the physical aspects of this disorder. The standard definition of drug or alcohol "abuse" by the American Psychiatric Association is differentiated from drug or alcohol "dependence."

The three criteria for diagnosing drug or alcohol abuse, according to the Diagnostic and Statistical Manual of Mental Disorders, are: "pattern of pathological abuse," "impairment in social or occupational functioning caused by the pattern of pathological abuse," and duration of these symptoms for a minimum of one month.¹⁰ The shift from abuse to dependence is

⁹ Merle Jordan, Taking on the Gods: The Task of the Pastoral Counselor (Nashville: Abingdon, 1986), 22.

¹⁰ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. (Washington D.C.: American Psychiatric Association, 1980), 164.

differentiated by two factors; tolerance and withdrawal. Tolerance means "that markedly increased amounts of the substance are required to achieve the desired effect or there is a markedly diminished effect with regular use of the same dose."¹¹ Withdrawal refers to the presence of physical symptoms of detoxification when the use of the substance is discontinued.¹² Withdrawal means, by implication, that use has been prolonged and characterized by regular ingestion of significant quantity. Notice that in this description of the disease, its physical symptoms are not subjective; i.e., "craving" or "control."

This APA description of abuse and dependency makes no distinction between alcohol and drug problems. I agree that the use of various chemicals reflects a single broad psychological and spiritual dynamic. The step 2 and 3 intervention, in fact the whole theoretical framework presented in this paper, is indifferent to the specific substance that is abused by any individual.

Dependency

A lengthy section of Chapter 2 will be devoted to the nature of dependency. I will argue, with others, that dependency is a psychological dynamic that exists apart from and prior to chemical addiction. The idea of dependency is at the heart of that paradox of "essential limitedness" referred to by Ernest Kurtz (see Preface). My briefest definition of dependency is, "Looking for self-esteem outside oneself."

¹¹ Ibid.,165.

¹² Ibid.

This tragic search can lead to irrational use of drugs and alcohol, unreasonable attachment to relationships, insatiable desire for power and control. The irony is that, while a growing sense of self-esteem and self-respect is the solution to these compulsive needs, external support is needed to recover. As Kurtz puts it, "You can do something, but you can't do everything."¹³ It is the realism of healthy interdependence, balancing reasonable needs with an honest acknowledgment of one's own strengths, that heals "dependency."

Recovery

For AA, recovery presumes abstinence from all mind-altering chemicals. This principle is fundamental to the fellowship, it is the great act of renunciation that marks a person's AA "age," the date of last drug or alcohol usage being considered that person's "AA birthday." However, the expectations of recovery are broader than mere abstinence.

AA distinguishes between "sobriety" and "being dry." A "dry drunk" is considered a state of emotional indulgence; a blend of self-pity, blaming, rationalization and anger. As Bill W. explains it, "anger, that occasional luxury of more balanced people, could keep us on an emotional jag indefinitely. These 'dry benders' often led straight to the bottle."¹⁴ Obviously, no one is ever immune to these feelings, but recovery in AA culture carries with it the expectation that emotions won't be used to excuse immaturity.

Recovery is a process. The anticipation is that it will be a life-long commitment to participation in the groups and use of the 12 steps. The 12

¹³ Kurtz, 53.

¹⁴ W[ilson], 179.

steps can be seen as four clusters of change.

The first three steps might be seen as the intervention phase. Step 1 necessitates the admission of need and inability to recover on one's own. With this admission, steps 2 and 3 indicate that help is available, and that it must be accepted.

Steps 4 through 8 foster self-analysis. They direct the recovering person to look for patterns of feeling and behavior that have been self-destructive and isolating; hurtful to themselves and others. When this analysis is complete (step 4), and shared with another (step 5), the recovering alcoholic is directed to seek God's help in overcoming personality "defects" (steps 6 and 7). Then a list of people who have been affected by the individual's alcoholism is to be made (step 8).

The third aspect of change in recovery is the process of reconciliation (step 9). This is the first step which directs other-oriented behavior. Coming, as it does, rather late in the order of the steps, it underscores the AA philosophy that a "flight to health" is to be avoided. In place of a compulsive attempt to undo all of one's errors, this AA process emphasizes personal healing first, then measured actions taken to mend previous wrongs, to "make amends." Step 9 cautions against self-righteous honesty and encourages frankness and direct communication: "made direct amends to such people [as listed in step 8] wherever possible, except when to do so would injure them or others."¹⁵

The fourth aspect of change, steps 10, 11 and 12, is to insure the maintenance of sobriety. These steps direct the recovering alcoholic to

¹⁵ Alcoholics Anonymous, 59.

establish spiritual routines, to continue the process of personal inventory, and to share the benefits of sobriety with others who are alcoholic, and to "practice these principles in all our affairs."¹⁶ It is clear that abstinence is not the sole goal of AA, but rather the goal is a profoundly changed self-attitude and lifestyle.

Higher Power

"God, as we understood him," is the phrase that AA uses in the steps to refer to the nature of belief necessitated by recovery.¹⁷ The phrase "higher Power" is used alternatively, as a way a broadening the understanding of belief from any one of the various orthodoxies of faith, to include many personal ideas about God. In Alcoholics Anonymous, the clear implication is that a recovering person will find some form of theism acceptable.¹⁸ The argument for faith in some expression of God is concluded this way:

Actually we were fooling ourselves [as agnostics], for deep down in every man, woman and child, is the fundamental idea of God. It may be obscured by calamity, by pomp, by worship of other things, but in some form or other it is there. For faith in a Power greater than ourselves, and miraculous demonstrations of that power in human lives, are facts as old as man himself.¹⁹

My study generated implicit data to suggest that the phrase "higher Power" is as suggestive and useful as the term "God" (see Chapter 9). How-

¹⁶ Ibid.

¹⁷ Ibid., 59-60.

¹⁸ Ibid., 44-57.

¹⁹ Ibid., 55.

ever, in my pastoral interventions I consider "higher Power" to refer more broadly to any source of support and nurturance that helps maintain sobriety. Thus, for several of the patients that I have accompanied through these steps, their "higher Power," at least in the early stages of recovery, is the "fellowship of AA." The rationale for such permissiveness is implicit in the process of AA itself. The fellowship encourages its members to "tell their stories," finding in their own stories the elements of healing and faith upon which to build a personal definition of "higher Power."

As I reflected theologically on the nature of AA, I found my own interventions affirmed the optimism of AA. In fact, I found no compelling reason to be as "orthodox" as AA. I have not directed patients to find their "higher Power" in a theistic formula. Indeed, I have been surprised by people's willingness to "discover" God when they are assured that there is no necessity to do so. It was, in part, that very phenomenon, which inspired this study. The experience of accompanying persons to their own understanding of the first three steps of AA opened my eyes to the power of pastoral "permissiveness," and it is these direct experiences with the recovering patients that will be presented in Chapters 2 and 3.

Outline of Remaining Chapters

Chapter 2

In step 1, AA encourages persons addicted to alcohol to "admit that we are powerless over alcohol." The first step, in a treatment facility, encourages more than this specific admission. People are prompted to look beyond their specific drinking behavior to explore the nature of their intimate relationships, their memories and their life-shaping experiences.

Chapter 2 outlines familiar patterns of emotions among those who are in early recovery, and offers recent studies on the nature of "dependency" to

illustrate how these emotional patterns develop. The nature of dependency is currently being studied as the unifying predisposition to all of the various addictions.

Chapter 3

This chapter discusses "storytelling" theology, with its concern for paradigmatic stories; and the healing meaningfulness that these stories hold when they are fully understood. In the "second and third step review" the spiritual resources that recovering individuals need can be discovered in their own life stories.

Chapter 4

The theories of "co-dependency" presented in Chapter 2 and the power of "storytelling theology" discussed in Chapter 3 can both be understood in the context of object relations theory. Chapter 4 outlines object relations theory, and its description of "transitional objects," the psychological foundations of faith and spirituality.

Chapter 5

Object relations theory has been used to study the dynamics of addiction by many researchers. This chapter reviews the work done in the field of addiction from the object relations perspective. It offers one comprehensive analysis that describes the dysfunctional relationships and attitudes which underlie addiction.

Chapter 6

In this chapter the developmental process of early "transitional objects" to faith in God are explored. Since object relations theory is a powerful tool in understanding the processes of addiction, it also offers keys to understanding the role of pastoral care in recovery. Chapter 6 explores normal processes of personal and faith development, and so serves to

introduce the discussion of healing theology in Chapter 7.

Chapter 7

Object relations theory does not move beyond individual experience in its description of a person's understanding of God. However, the theological perspective of God's role in recovery can be illustrated by process theology. Process theology reflects one possible way that the maturational dynamics which constitute self-attitudes and belief about God come to maturity. This chapter identifies the way the process theology informs pastoral care in these interventions using the 12 steps.

Chapter 8

Research tools and procedures are presented in this chapter, along with rationale for the experimental method used in this study. The semantic differential instrument was chosen to measure the implications of the thesis: The chaplain's step 2 and 3 intervention fosters a positive change in the patient's attitudes about "God" and "higher Power." The measures taken to ensure patient confidentiality are identified.

Chapter 9

The findings of this study, which tended to confirm the theoretical expectations of the thesis, are illustrated. They hold implications for further development of pastoral tools and interventions with recovering individuals.

Chapter 10

The study prompted reflections on the nature of the addictive process, pastoral care to recovering persons and the nature of theological thinking itself. This chapter identifies implications for further study and discusses how this study has affected my role as chaplain in a rehabilitation setting.

CHAPTER 2

Step One: Denial Versus Grief

"...the real criticism begins in the capacity to grieve. . . ."¹

Walter Brueggemann, The Prophetic Imagination

Introduction

Walter Brueggemann discusses the source of change in his book about Old Testament prophetic teaching. He portrays the prophets as calling the people to understand that their God is gone; that they are alone; that their idols have failed them. They must feel the shame of their denials and grieve the passing of their complacency. Brueggemann points out that this changed consciousness brings them to a new awareness of the former meaninglessness of their lives. In a sense, the prophets call the people to their own pain, for only in the acceptance of their despair will the people let their lives be transformed.

"We admitted we were powerless over alcohol--that our lives had become unmanageable."² In AA, the origins of change are the same. Change, a fresh deep critical understanding of one's own life, takes root in grief. The false comfort of denial and self-sufficiency, the false idols of addiction and dependence, must be surrendered and grieved.

In this chapter, familiar patterns of denial will be explored. Step 1

¹ Walter Brueggemann, The Prophetic Imagination (Philadelphia: Fortress, 1978), 20.

² Alcoholics Anonymous, 59.

provides an opportunity to express feelings of grief and shame that have been denied. The rationalizations and idealizations of behaviors, which are signs of denial, can be surrendered through grief. In this context, the emotional roots of denial, and so addiction, will be explored in the literature of "co-dependence."

The First Step

The first step demands the humbling acceptance of the need for help. It also marks the beginning of new and more realistic attitudes. Its direct implication is that the individual is not able to solve his drinking problem, with all of its attendant complications, by himself. In my conversations with persons in the hospital, several have told me: "I knew for years that I was an alcoholic. For me, that meant I should be out drinking." It is ironic how the acknowledgement of such a serious problem can become part of the rationalization for continuing to drink.

By directing each patient to fill out a detailed history of their drinking and its consequences, every one is encouraged to accept the depth of their addiction, with the accompanying understanding that help from others is needed. After the patients present this drinking history to their therapy group, they meet with one of the staff chaplains to explore what steps 2 and 3 mean to them.

As we talk in the chaplain's interview, I review what their "first step" meant to them. I ask about feelings, memories and relationships. My intention is to find life experiences other than addictive drinking or drug use in which the patient is able to affirm "powerlessness." This willingness to accept limitedness in human affairs generally indicates a motivation to receive help, and a realistic attitude about recovery.

In a recent conversation, I found a man was continuing to carry a

burden of guilt for the divorce of his parents that happened when he was 12 years old. When I suggested that he replace the word "alcohol" in step 1 with "mother and father," he reluctantly began to accept the limits of his personal power within his family of origin. This acceptance was deepened when I asked him what he would tell his 7 year-old son if that child said: "Dad, I know it is my fault that you drink." His prompt disavowal of such an idea shed new light on his attitudes about himself. His comforting response, spoken in a guided encounter with his son, was deeply appreciated by the man himself. However, to accept this new understanding of himself as having limited power over his parents, he had to renounce his previous inflated image of himself in his family of origin. We spoke about the pain of growing up in a broken family and his heartfelt hope that his son would not have to experience the same sadness. By renouncing his imagined responsibility for the end of his parents' marriage, he was able to accept the realistic pain of grief and loneliness he had carried as a child; pain that he felt a responsibility to "protect" his parents from.

The guilt that this man had carried was associated with denial. First as a child, then into his adulthood, he had misled himself about his power to control situations and people. The resistance to a humbling acknowledgment of limitations meant that rationalizations and denial must serve the purpose of maintaining illusions of power and control, when reality does not. In this case, the man's persistent guilty feelings about not being able to save his parents' marriage were an example of his denial.

This guilt was not healthy, it had no moral meaning and did not foster growth. In fact, for people who are addicted, guilt is not a provocative emotion, motivating them to change. It is stable, a state of being, frequently a sign of denial rather than moral sensitivity even when associated with

behaviors that are, indeed, clearly wrong.

Guilt as Denial

This broadening of the intention of step 1, to include relationships and feelings as well as the immediate addiction, is familiar to AA members. They state that they are "powerless over people, places and things." Obviously, the recognition that events have been beyond their control helps recovering alcoholics in the early stages of understanding themselves and their illness move from self-blame and self-punishment to forgiveness and acceptance. The first step is an opportunity to let go of familiar self-blame and search for understanding.

Guilt is the painful remembrance of decisions made in specific situations that might have been different. Step 1, however, invites a person to move beyond guilt to address a characteristic of the person herself; rather than non-essential, perhaps uncharacteristic, behaviors. It is meant to foster a deep existential dilemma. It calls for recognition and acceptance of grief at one's own limitedness.

This is the point of an article by Ernest Kurtz entitled "Why A.A. Works." In the article, Kurtz points out that the intention of the first step is to confront an individual with his or her "essential limitation."³ To Kurtz, the basic insight is that the individual is "not-God."⁴ This is the power of the first step, to create the "deflation at depth" to which Bill W., one of the founders of AA, refers.⁵ That "deflation" is meant to put an end to the strong

³ Ernest Kurtz, "Why A.A. Works," 43.

⁴ Ibid., 42.

⁵ Alcoholics Anonymous Comes of Age (1957; reprint, New York:

denial of powerlessness and need for help.

Deflation is something other than a confession of guilt. It is not another humiliating announcement of alcoholic acting-out. It is an acknowledgment that in spite of all good will, one was simply not capable of doing otherwise. It is important to understand just what is "deflated." As Robert Albers put it:

In the parlance of Alcoholics Anonymous, the false pride and self-justification associated with the 'Big Ego' must be smashed. This is not the healthy ego of self confidence and self-affirmation as a person, but the arrogant and egotistic attitude which sees oneself at the center of the universe. It is a breaking of the 'idealized image' in order that the real self may have an opportunity to be exposed and to grow. In the process, the guilt and the grief are likewise dealt with realistically.⁶

This, of course, is the core of step 1, for it challenges the last resistance to a deep need for help. The first step fixes the person's attention not on events which might have been otherwise, but upon the inevitability of the symptoms of alcoholism. It challenges the rationalizations and grandiosity that perpetuate denial. These are the defence mechanisms which, taken together, Albers calls the "idealized self." This "Big Ego" is the direct result of fear and denial. It is the product of self-esteem so low that the person fears he will be undone by reality. A first step fosters the admission that, given one's illness, one's actions while drunk-- indeed many of one's behaviors

Alcoholics Anonymous World Services, 1975), 64.

⁶ Robert Albers, The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism, Ph. D. diss., School of Theology, Claremont, (Ann Arbor: UMI, 1982), p. 77.

even when not drunk-- could not have been other than they were. The disease model offers a way of accepting reality without crushing self-condemnation.

Guilt from the past maintains an element of denial and rationalization in this analysis, for it holds the false implication that things might be different "next time." The pain of guilt is summed up in the idea, "I should have known better," with the implication that the person could have chosen a different course of action.

This is what Ernest Kurtz refers to when he identifies guilt as an experience of "transgression" which is also an "exercise of power."⁷ However, the shame of addiction is described as an experience of "failure" which is associated with "lack of power or control."⁸ Shame is the deeper experience, for it identifies characteristics of oneself as he or she is. Guilt, though painful, is more acceptable for it can be seen as an exception to some otherwise positive characterization of oneself.

Fear of shame prevents people from accepting step 1. Only when a person accepts that the addiction is characteristic of themselves in an essential way, can he or she be properly motivated to receive help from AA. Shame is appropriately resolved in two ways: (1) identifications with others who have experienced similar situations of powerlessness, and (2) in appropriate grief. To put it another way, shame is the experience of "essential limitedness" through the lens of low self-esteem. Grief is the sign of transition from self-condemnation to self-acceptance. It occurs in AA by

⁷ Kurtz, "Why A.A. Works," 43.

⁸ Ibid.

identification with others who respect themselves and are respected by the one in early recovery. By seeing that others can openly discuss the same events, emotions and memories that have caused self-recrimination without self-condemnation, surrender of defensive grandiosity occurs.

Guilty obsessions are a familiar part of the psychology of addiction. However, shame appears at deeper levels of self-acceptance, and is rarely admitted prior to beginning the process of recovery. In one of the personal accounts in the "Big Book," a recovering alcoholic puts it this way, "I would always end up with a feeling of remorse not far removed from a loathing of myself and the condition I was in."⁹ What can be done with such loathing? How can such a familiar, perhaps inevitable-seeming self-attitude be changed?

In Twelve Steps and Twelve Traditions, the anonymous authors point out how urgent the utter loss of personal power to stop drinking must be:

In A.A.'s pioneering time, none but the most desperate cases could swallow and digest this unpalatable truth. Even these "last-gaspers" often had difficulty in realizing how hopeless they actually were. But a few did, and when these laid hold of A.A. principles with all the fervor with which the drowning seize life preservers, they almost invariably got well. . . . Many less desperate alcoholics tried A.A., but did not succeed because they could not make the admission of hopelessness.¹⁰

Powerlessness identifies limitation as a quality of being; rather than a characterization of a particular behavior, (or set of behaviors), which is guilt. Its experience is the foundation of the fellowship of AA. Both guilt and pow-

⁹ Alcoholics Anonymous, 367.

¹⁰ Twelve Steps and Twelve Traditions (1952; reprint, New York: Alcoholics Anonymous World Services, 1975), 23.

erlessness are addressed in the healing process of AA, but holding on to guilt is seen as a final act of denial, a final resistance to the absolute "lack of control" that this step describes. An endless pattern of wrongdoing and apology characterize many AA stories, and members have a healthy skepticism about the words, "I'm sorry." Guilt is healed in the process of working the steps, but acknowledging powerlessness is the entry into the process itself.

Powerlessness is the recognition of mutual need that cements the members of AA to one another, an inherent characteristic of persons themselves. Acknowledging one's powerlessness is the fundamental admission that alcoholic denial attempts to avoid.

For AA members, the volume of drinking is not the issue. They are not fundamentally concerned with the specific drinking behavior or its inevitable outcomes, although these are the manifestations of the addiction. What is fundamental to AA is the powerlessness of the individual to put an end to compulsive drinking and thinking; in their words, "an allergy of the body [and] a mental obsession so powerful that no amount of human will power could break it."¹¹

AA does not invoke a moral judgment at this point. Neither the "allergy" nor the powerlessness are a matter of sin. In fact, once shame is acknowledged, it is reframed by the psychosomatic model that AA espouses: the lack of control, failure and shortcoming is not moral, but physical. It is the inevitable outcome of physical processes that are not under conscious control. That is the understanding which explains the speakers' orientation during AA talks. Marriages, jobs, the events of the life-story generally are

¹¹ Ibid., 22.

secondary to the drinking, because the distortions in these lives are sufficiently explained by the illness model AA uses. A nasty divorce, understood by a fully-aculturated member, is not a moral or psychological reflection on either partner, but is a symptom of the illness of alcoholism. Of course, that does not obviate the need for making amends, but these amends are not to expiate past badnesses; rather the amends are to prevent future drinking.

The first step is meant to challenge denial. Thus, for AA, the "original sin" is denial. It is first a denial of guilt, a failure to acknowledge the "elephant in the living room," as members of AA and Al-Anon refer to the drinking behaviors and its destructive results. More profoundly, it is a denial of shame, an ironic clinging to guilt, a denial of the utter need for help in the face of personal powerlessness.

The first step helped a woman differentiate between guilt and "powerlessness," as AA understands it. As we began to talk, this gracious woman of retirement age began to tell me how ashamed she felt because of her hospitalization for alcoholism. Her husband was due to visit and meet with her for a counseling session and she was afraid of his "disappointment." She had confused moral guilt with the shame of limitedness. I asked her to follow me on an imaginary visit to the Cancer Unit of the hospital. I said, "Suppose we talked with one of the women there and I said, 'Don't you feel ashamed of yourself? Just look at the way you have let your family down. How do you think they feel about you being in the hospital?'" She seemed puzzled for a moment, and then said, "Oh, I see now. I was doing that to myself, wasn't I? It is an illness, isn't it." She seemed to let go of a huge burden of self-judgment as we talked about the first step. As our conversation continued, she was able to weep freely about how her addiction had hurt her and her husband.

To understand the patterns of thought and behavior that maintain such a painful perspectives of powerfulness and guilt, and the addictive behavior that supports it, a brief outline of the nature of co-dependence is necessary.

Dependence as Denial

In my opinion, successful recovery from alcoholism implies "recovery" from the dynamics of co-dependency as well. It is not a new idea. As early as 1960, David Stewart wrote, "Dependence on other people and dependence on alcohol are psychologically of the same order."¹²

The signs of co-dependence can frequently be identified when the patient is asked to share what the first step revealed to them. Oftentimes the personal "meaning" of an addiction can be laid bare when step 1 is reviewed prior to discussion of the following steps. This review can discover memories or feelings people have about themselves and others that shelter convictions of resentment and guilt, both of which limit the degree to which an individual can accept the meaning of "powerlessness" by holding off the deeper feeling of shame.

AA members have found that drinking can be avoided, for a time, even while the defences of denial and isolation linger; defenses which are ensured by blaming, guilt, anger and punishing attitudes, and by the unspoken feelings of shame as well. A false assumption can arise, that the sole aim of AA is abstinence. This is clearly refuted in AA by the very nature of self-exploration demanded by the exercises included in the steps. There are times, though, when a sense of superiority, based on simple

¹² David Stewart, Thirst for Freedom (Toronto: Musson, 1960), 296.

abstinence, can obscure the need for personal growth and change.

A commonly heard phrase in AA concerning the families of recovering alcoholics is "they are even sicker than we are." It is not one of the "slogans" of AA that are drawn from its literature, but is familiar enough and shared often enough to be quoted with some sympathy by Father Martin, a popular speaker about addiction and recovery, in his film "Alcoholism and the Family."¹³ That is unfortunate. (One author suggests the reason for this cliché is that co-dependent persons receive help only as a matter of creating support for the recovering alcoholic in the family; the unique needs of the unaddicted family members are overlooked.¹⁴) There is no truth to the disparaging comparison, however. In fact, once an addicted person has stabilized his abstinence, the next challenge for him is to "recover" from emotional dependencies. This does not imply the need to become self-sufficient. Far from it. Recovery implies a movement from demanding comfort and security to seeking support and guidance. It implies turning to other recovering people and the higher Power, rather than imposing needs on family members, employers and friends. Someone who fails to reframe emotional dependencies, a relatively common phenomenon, is said to be a "dry drunk." It is revealing that the index to As Bill Sees It, the book of meditations by one of AA's co-founders, cross-references "dry drunk" to "anger," "depression" and "resentment."¹⁵ These are some of the prime characteristics of the co-dependency

¹³ Alcoholism and the Family, with Father Joseph Martin, FMS, 1977.

¹⁴ Sharon Wegscheider-Cruse, "Co-Dependency--The Therapeutic Void," Co-Dependency: An Emerging Issue, compiled by U.S. Journal of Drug and Alcohol Dependency (Deerfield: Health Communications, 1984), 1.

¹⁵ Wilson, vi.

pattern.

Even more directly, in his book I'll Quit Tomorrow, Vernon Johnson puts it this way: "The only difference between the alcoholic and the spouse, in instances where the latter does not drink, is that one is physically affected by alcohol: otherwise both have all the other symptoms."¹⁶ Timmen Cermak, in his book about co-dependence, makes the same point when he writes, "I prefer to view the 'dry' chemical dependents as those who fail to face their co-dependent issues."¹⁷

The parallels between the psychology of addiction and co-dependency have been identified by others as well. In Codependent No More, Melody Beattie outlines some of the characteristics of a "one-sided addiction."¹⁸ By this she is referring to relationships in which one person is the primary "carrier" of the attachment. The description is strikingly similar to that of the addict or alcoholic: "denial, fantasy . . . seeks solutions outside self-- drugs, alcohol, new lover, change of situation."¹⁹ Furthermore, she states: "Even recovering alcoholics and addicts noticed they were codependent and perhaps had been long before becoming chemically dependent."²⁰ Beattie

¹⁶ Vernon E. Johnson, I'll Quit Tomorrow (New York: Harper & Row, 1973), 30.

¹⁷ Timmen Cermak, Diagnosing and Treating Co-Dependence, (Minneapolis: Johnson Institute, 1986), 73.

¹⁸ Melody Beattie, Codependent No More: How to Stop Controlling Others and Start Caring for Yourself (New York: Harper & Row/Hazeldon, 1987), 102.

¹⁹ Ibid.

²⁰ Ibid., 30.

offers her definition of co-dependence: "A codependent person is one who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior."²¹ She offers this bit of conversation between an alcoholic and his wife:

"You accuse me of trying to control you, and I guess I have," she said. "I've gone to bars with you so you wouldn't drink so much. I've let you come home when you were abusive and drunk so you wouldn't drink anymore or hurt yourself. I've measured your drinks, drank with you (and I hate drinking), hid your bottles, and taken you to Alcoholics Anonymous meetings.

"But the truth is," she said, "you've been controlling me. All those letters from prison telling me what I've wanted to hear. All those promises, all those words. And every time I'm ready to leave you--to walk out for good--you do or say just the right thing to keep me from leaving. You know just what I want to hear, and that's what you tell me. But you never change. You've never intended to change. You just want to control me."

He smiled a half-smile and nodded when she said that. "Yes," he said, "I have been trying to control you. And I've been doing a pretty good job of it at that."²²

This couple had been living their lives through each other for years.

When an individual finds the meaning of their own life in the life of another, co-dependence is inevitable.

Timmen Cermak points out that there are a variety of theoretical descriptions for co-dependence.²³ Perhaps the most useful for identifying the intergenerational patterns of co-dependence is that of Claudia Black, who uses the model of family systems.

²¹ Ibid., 31.

²² Ibid., 73.

²³ Cermak, Diagnosing and Treating, 4-6.

Black identifies the patterns of co-dependence as a childhood legacy. She sums up the atmosphere of those homes in the unwritten "rules" that shape the families' relationships with each other: "Don't talk. Don't feel. Don't trust." She expresses the core of co-dependence in her description of that family situation for the young child:

While many children fear not being believed, they may also experience guilt talking about the problems of their parents. They feel a sense of betrayal in talking about such delicate problems. Children feel the family situation is so complex and confusing, they feel inadequate in attempting to verbalize the problems--they just don't know how to tell others. Children feel very loyal to their parents, and invariably, they end up defending their parents, rationalizing that is isn't really all that bad, and continuing what is now a denial process. It is most despairing to be a child in an alcoholic family, to feel totally alone, and to believe talking will not help.²⁴

Ultimately, without the opportunity to express and understand their own feelings and the chaotic events around them, these children arrive at a plausible, if not comforting conclusion: "It's my fault." There are other conclusions that children draw, other lines of wistful thinking: "If only I could get better grades. . ." or "If only I would act better. . . ." Thus, as a result of the broken communications in childhood, people internalize patterns of loneliness, isolation and guilt. Recalling the story of the young man who held himself responsible for the divorce of his parents, it was only when he, as an adult, could "reach back" to his younger self and explain that a child is not responsible for his parents' lives and decisions, could he move from guilt to shame, from failure to powerlessness, and so from blame to grief and letting go. It was only when he understood that memory in terms of "powerless-

²⁴ Claudia Black, It Will Never Happen to Me (Denver: MAC, 1981), 37.

ness" rather than a failed "exercise of power," that he could "tell" that "child" he was not accountable. In such a situation, the shame of powerlessness yields relief.

Only when such occasions are discussed with others, the one thing that rarely happens in chaotic households, can the feelings of shame be surrendered to the logic of shame: "Of course I felt powerless and failed in that situation, I was powerless." That is no longer a moral condemnation, but an expression of understanding.

This early experience of over-responsibility for the feelings, the successes and the failures of others, leads to a terrible vulnerability. My brief definition of co-dependence reflects this preoccupation with the way others are feeling about themselves. Over-responsibility and emotional isolation lead to manipulation of others. To such a person, controlling the other person is the most direct way, apparently, to manage his own feelings of self-worth. AA makes a point of this in the Big Book:

Each person is like an actor who wants to run the whole show. . . . If his arrangements would only stay put, if only people would do as he wished, the show would be great. Everybody, including himself, would be pleased. Life would be wonderful.²⁵

Fritz Perls wrote of the nature of co-dependence as if it, in itself, were a sort of near-physical addiction. He observed that some people seem to "swallow" others as a way to fill themselves, and becoming whole again is a matter of "detoxing" from that ingestion.²⁶

²⁵ Alcoholics Anonymous, 60-61.

²⁶ Fritz Perls, Gestalt Therapy Verbatim (Lafayette: Real People, 1969), 140.

Finally, not every addicted person can identify addiction in his or her family of origin, nor is that necessary for the syndrome of co-dependence to occur. Robert Subby defines co-dependency this way:

An emotional, psychological, and behavioral condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules--rules which prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems.²⁷

It is the rules, "Don't talk! Don't feel! Don't trust!," that create dependencies. As a result the vulnerability to addiction may arise in many sorts of families. Melody Beattie offers a partial list that includes families with chronic illness, families with mental illness, families with children that have behavioral problems. She even adds those who work in the "helping" professions.²⁸ She might well have added families who have experienced unexpected trauma or death, families of divorce, families in poverty and families within very fundamental religions. To put it briefly, families under stress, in which children--and others--are to be "seen and not heard."

Concerns About Treating Co-Dependence in Early Recovery from Addiction

In the past the conventional wisdom of chemical dependency therapists has been to postpone work on an individual's co-dependency problems until a year of sobriety has elapsed for the chemically-addicted person.²⁹ In

²⁷ Robert Subby, "Inside the Chemically Dependent Marriage: Denial and Manipulation," Co-Dependency: An Emerging Issue, compiled by U.S. Journal of Drug and Alcohol Dependency (Deerfield: Health Communications, 1984), 26.

²⁸ Beattie, 30.

²⁹ This remark is a cliché among addiction recovery programs, and is reflected in the membership guidelines for many "adult child of alcoholic"

the accompaniment which I am describing, pursuing the foundations of co-dependency is a very common preliminary in freeing people to find a personally-meaningful understanding of a "Power greater than ourselves that restores us to sanity."

There are two reasons I feel confident about challenging this generally-accepted wisdom. The first is the context in which these pastoral conversations occur. The individuals I work with are either in an intense therapeutic milieu, with its manifold opportunities for support and understanding, or they have become active in the culture of one of the 12 step self-help groups, so that they, too, have a network of support. The opportunities to share old memories and strong feelings extend beyond the confines of my office and our brief meetings. Whatever sentiments our conversations leave "unresolved" become grist for the self-help process, and opportunities for further bonding with others in the shared task of recovery.

The second reason is my assumption that the "common wisdom" is not entirely correct. In the process of a step 1 review, these issues are identified and understood as the foundations of patterns of behavior which lead to vulnerability for addiction. The goal is to acknowledge one's powerlessness of one's own feelings, over one's memories and over one's parents. Seeing the roots of addiction in generational relationships fosters an acknowledgment of needs that have gone unmet, and creates a context for personal commitment to the recovery process. Most importantly, it is an act of surrender. As such, it prepares the way for steps 2 and 3. In other words, without becoming the

therapy groups, e.g. Terry Ebinger, "Adult Children of Alcoholics Group Contract," photocopy, n.d.

prime focus of attention prior to establishing new patterns of sobriety, the identification of co-dependent dynamics functions emotionally and spiritually the way the illness model does physically. Identifying the dynamics of co-dependence frees the recovering individual from moral judgments while fostering the freedom to accept life events and give them new meaning.

We have already seen that a "dry drunk" is a manifestation of untreated co-dependencies. It is these restless periods of irritability and resentment that frequently precede a drug-using or drinking relapse. While there is currently little research that would imply relapse can be reduced by working on co-dependency issues, I think that is a reasonable thesis, surely one worthy of study in future research.

Timmen Cermak challenges the common assumption that attending to co-dependency issues can put a person's sobriety at risk. He writes, "there seems to be no essential difference in the recovery from chemical dependence and the recovery from co-dependence."³⁰ Cermak does point to two clinical conditions which will need special attention when feelings are manifested as individuals recount core events.

The first is to be aware of the distinctions between those persons who have borderline personality disorder and those with co-dependence.³¹ Frequently co-dependent individuals reflect the clinical impression associated with borderline personality disorders; e.g. intense and unstable relations, impulsive and unpredictable behavior, intense anger or angry outbursts, and

³⁰ Cermak, Diagnosing and Treating, 76.

³¹ *Ibid.*, 86-9.

identity confusion.³² Here the caution is two-fold: first, to avoid prematurely diagnosing co-dependents as borderline personalities. This only slows the recovery process for those individuals who might make effective use of supportive therapy that permits a healthy degree of freedom to express painful memories and feelings. (In this regard, Cermak distinguishes between persons who are co-dependent, and have these personality "traits," and those who are borderline, and have personality "disorders." The difference is that disorders will show lifelong stability, while traits change dramatically with appropriate treatment.³³)

The second caution is this, with persons who truly are borderline, the therapeutic plan must include long-term structured relationships and therapy to ensure a stable recovery. Such is not necessarily the case for those with co-dependent traits.

The second group of individuals for whom early treatment of co-dependent issues raises concerns are those with post-traumatic stress disorder. In A Primer on Adult Children of Alcoholics, Cermak uses the description of post-traumatic stress disorder, (PTSD), as a general paradigm for the dynamics of adult children of alcoholics, the population most apt to manifest co-dependence.³⁴ In a more recent book, he shifts his position with regard to PTSD, suggesting a similar argument to that he uses with regard to dependent disorder versus dependent traits; which is to say, the patterns of PTSD

³² American Psychiatric Association, 321.

³³ Cermak, Diagnosing and Treating, 86-7.

³⁴ Timmen Cermak, A Primer on Adult Children of Alcoholics (Pompano Beach: Health Communications, 1985).

will be expressed by nearly every patient, however, only in those with the most profound reactions to stress, will these "traits" be a long-term "disorder."³⁵

Cermak points out that both combat veterans and adult children of alcoholics have had to adjust to chaos, unpredictable challenges, and unusual stress. The result for both is "hypervigilance."³⁶ Just as a soldier must set aside feelings and extend his awareness as keenly as possible into the environment of conflict, so must members of an alcoholics' family respond to the chaos and "survive . . . by being ultra-sensitive to subtle shifts in the chemical dependent's behavior and mood."³⁷

Hypervigilance, naturally, intensifies co-dependency, making family members "mind-readers," feeling the need (and sometimes imagining the skill) of knowing other's thoughts and feelings even before they are spoken. Of course, the times when one could trust such empathy--which does occur in all families--only serve to reinforce the illusion of much more accurate assessments of other's feelings and needs than is possible. Trusting their "mind-reading" skills is an important defense, it shifts attention from one's own painful feelings, and gives the illusion of control and understanding in chaotic situations.

In this context, Cermak offers the following caution:

If the client has been sufficiently traumatized by growing up in a chemically dependent home or by being physically abused in a chemically de-

³⁵ Cermak, Diagnosing and Treating, 64-5.

³⁶ Ibid., 26-7.

³⁷ Ibid.

pendent relationship, PTSD may be present. In the face of PTSD, the concept of therapy by catharsis become particularly simplistic. Therapists are often tempted to ply their therapeutic "lance" to the boil of submerged emotions. Unfortunately, this only confirms what many PTSD clients fear: that they cannot allow themselves to become aware of their emotions without running the risk of being overwhelmed.³⁸

Cermak makes the point that learning to control their feelings was an important survival skill for these individuals. It is a skill that must not be stripped away, but rather an invitation can be offered to explore feelings in a safe and supportive environment. All recovering co-dependent persons, and by extention, all recovering addicted persons, will need patience and understanding in the process of exploring their concealed feelings. "PTSD clients must feel secure that their ability to close their emotions down will never be taken away from them, but instead will be honored as an important tool for living."³⁹ To lose this trust is to recreate the fears which potentiate hypervigilance within the therapeutic setting. Therapy becomes a reenactment of the frightening field of combat, military or familial. Impasse results.

This idea is not far removed from the patterns of spiritual renewal discussed in the previous chapter. Bill W. shared the power of his own "mountain top" experience in the chapter on his recovery in the "Big Book."⁴⁰ He went on to state that not every alcoholic that finds her spiritual foundations will do so in a single powerful event. "Most of our experiences are what the psychologist William James calls the 'educational variety' because

³⁸ Ibid., 64.

³⁹ Ibid., 65.

⁴⁰ Alcoholics Anonymous, 14.

they develop slowly over a period of time."⁴¹ AA is clear not to underestimate the validity of the gradual process of spiritual growth. In the same way, Cermak is suggesting that the dramatic emotional release many recovering people experience should not become the sine qua non for judging emotional growth. (In the verbatim section below, a conversation with a recovering Viet Vet will illustrate this phenomenon of non-cathartic healing.)

A final remark about the etiology of co-dependence is needed before identifying the power of storytelling theology in recovery from co-dependence. I have been referring to the dynamics of a family system that fosters the rules "Don't talk, don't feel, don't trust" as co-dependence. I could further sharpen this dynamic to distinguish between the pattern among adults ("co-alcoholic"), and its manifestation in childhood ("para-alcoholic"), as has one author.⁴² What I prefer to sharpen is the understanding that these internalized rules, rules that enforce non-communication, are carried within each individual. (These rules against feeling, talking and trusting operate proportionally to the normally-appropriate levels of intimacy of each relationship into which the individual enters. These rules are strongest when intimacy would normally be most deep.) To avoid the implication that these traits refer to relationships rather than characteristics of individual personalities, I will simply refer to the dynamic as "dependence." The word "co-dependent" shall be used strictly to refer to persons: spouses or "signifi-

⁴¹ Ibid., 569.

⁴² Jael Greenleaf, "Co-Alcoholic/Para-Alcoholic: Who's Who and What's the Difference," Co-Dependency: An Emerging Issue, compiled by U.S. Journal of Drug and Alcohol Dependency (Deerfield: Health Communications, 1984), 5-17.

cant others" of addicted persons. This distinction helps make clear the need for a dependent person to resolve their inner attitudes, rather than entertain the illusion that a relationship with a different person would resolve their emotional attachments.

Dependency and the First Step Review

Once the negative power of the person's story is broadened to include transforming possibilities, people can order their lives on the basis of meaning and self-acceptance rather than defensiveness and dependence. The sort of dependence described in this chapter is also associated with unexpressed grief.⁴³ It may be the result of a single traumatic episode, as may be the case with sexual abuse, or much longer experiences, like the chronic pain of addiction itself. This grief may be an inheritance of childhood or the result of adult experience. Whatever the original event, the opportunity to grieve can be obscured by anger, guilt, denial, blaming, depression and isolation. Most often a combination of these feelings will emerge.

"Delayed grieving can cause tremendous anger."⁴⁴ "Don't talk," one of the three basic rules for dependency-creating families, insures this transformation. Of course, the rule applies uniformly to the anger as well as the grief, and so two forms of unresolved anger result: anger at others--resentments, and anger at oneself--guilt. Both are forms of blaming, rather than solving problems. Both tend to stabilize the dysfunctions of the chaotic family. "It is not uncommon for people who survive a traumatic event to feel a

⁴³ Ibid., 96-9; Kathleen O'Connell, "Counseling the Counseling Family," Alcoholism and Addiction, May-June 1986, 21-2.

⁴⁴ Ibid., 21.

sense of guilt It seems somehow wrong to go away and be healthy when those who are left behind are still suffering. It is as if there is an unwritten rule in chemically dependent homes: no one is allowed to become more healthy than the sickest family member."⁴⁵

The rule "Don't trust" sets up strong barriers to penetrating what are defenses against exploring these traumas. Blaming and guilt destroy trust and ensure that the original grief will rarely be expressed and understood, and they also provide good reason for reluctance to expect open and honest discussion of these shaping experiences. "Don't feel" is the rule that helps stabilize a destructive system. It "completes the dangerous circle by encouraging . . . members to stay in the shock and the denial stages of their grieving for a very long time."⁴⁶ Ultimately, these rules insure that painful experiences will be resisted, and their meaning will go unlearned. Powerful patterns of behavior remain established within individuals and families. As Hesse observes, "Everything that was not suffered to the end and finally concluded, recurred, and the same sorrows were undergone."⁴⁷

An outline of this process illustrates these changes: trauma yields grief; grief, when it is unspoken, yields shame; shame yields anger in its two forms (resentment at others, guilt concerning self). The pain of guilt contributes to patterns of denial, just as the pain of resentment, by pushing others away, contributes to isolation. This is the pattern of dependence: it is the result of rules which insure non-communication.

⁴⁵ Cermak, Diagnosing and Treating, 57-8.

⁴⁶ O'Connell, 21.

⁴⁷ Herman Hesse, Siddhartha (New York: New Directions, 1951), 107.

The healing process would show the reverse pattern: an opportunity to trust would foster an expression of anger, both as blaming and as guilt. If the guilt would be heard without recrimination or judgment, expressions of shame would emerge. This shame, in turn, would expose the grief of betrayals and losses which could then become the substance of storytelling, and so would be available to fresh interpretation and new meaning.

In a somewhat different form, we have seen this pattern illustrated in the description of recovery. Vernon Johnson identified the pattern as admitting, complying, defying, accepting and surrendering; where admitting and complying infer the building of trust, defiance points to angry resistances, acceptance to feeling and sharing guilt and shame, and surrender suggests the shift from guilt and blame to powerlessness and healthy grieving. What I have seen in accompanying people in their reviews of the first three steps, is that our conversation can become a paradigm for the whole process of recovery from addiction and dependence.

I recently had the opportunity to hear the paradigmatic story of a man who had fought in the Viet Nam war. His story, told in a partial way many times, illustrates the way narrative theology can complete an incomplete and wounding memory:

CASE STUDY: When we met in his room, I took some time to hear how he had come to be admitted to the hospital and a bit of his current life story. Knowing that he had "done his first step" with his therapy group as a prerequisite to making his appointment with the chaplain, I asked him what that step had revealed to him. He told me that he knew what "powerlessness" is, that he had learned all about that in Viet Nam. Then he shared a story with me that was offered in a rather solemn, level tone. He said that he had been on patrol when his platoon was attacked. As they scattered, he found himself in a position protected from enemy fire. Then he said: "I heard my buddie call my name. They shot at the sound of his voice, and I heard him die. I didn't go to help him,

and I've never forgiven myself for it." I could tell by the tension that I was feeling, in myself and from him, that this was his paradigmatic story. I resisted the impulse to interpret what he had said, and told him: "Tell me what happened." He then told me that his friend had been wounded and had called out his name, and then his girlfriend's name, and then had called to his parents. After that the enemy had killed him with further gunshots. I asked him why his friend had called out his name. He told me that it was to get him to go to his friend and rescue him. I asked him why his friend had called out his girlfriend's name, knowing that she could not reach him in combat. He paused and said that it was his friend's way of saying "Goodbye." "And his parents' names?" I asked. To say goodbye to them as well, he said. I asked him again why his friend had called his name. The man said: "To tell me goodbye and let me know that I was his friend." He looked deeply moved, but maintained his solemn demeanor. I pressed his former understanding of this paradigmatic story further, "Would he have wanted you to come to him right then?" "No," he said, "he wouldn't have wanted me to be killed."

This man seemed deeply moved by this new understanding of his paradigmatic story. It was not marked by an obvious emotional catharsis, and in this he reflected the pattern that Cermak points out among those with Post-Traumatic Stress Disorder. I did not feel moved to press for emotional expressiveness, assuming that as he practiced this new story internally and with others, the guilt and shame of the "powerlessness" that he found in Viet Nam would be more freely shared and less a matter of isolation and self-condemnation. We talked briefly about how his new perspective helped him understand the second step with its phrase, "restored us to sanity," and concluded our conversation with an expression of mutual respect.

Conclusion

This chapter has discussed the importance of the first step of AA. It forces individuals to acknowledge both guilt and shame; both wrong acts and defining characteristics that contribute to the pain of addiction. When acknowledged to others, these inner feelings can yield to grief, the expression of nonjudgmental pain.

Admitting one's own powerlessness, getting beyond guiltiness and shame to the hurt, prepares people to accept fellowship and faith, two of the broad themes of a "Power greater than ourselves." Steps 2 and 3 refer to a recovering person's experiences of that "Power." These steps are discussed in Chapter 3.

CHAPTER 3

Accompanying People Through Steps Two and Three

**"...telling stories is functionally equivalent to belief in God. . . ."¹
Sam Keen, To a Dancing God**

Introduction

In Chapter 2 the healing opportunities of step 1 were described. Step 1 is an occasion for pastoral compassion and confrontation. The compassion stems from an understanding of the desperate fear of condemnation that low self-esteem fosters. The confrontation reflects firmness in directing the recovering alcoholic to understand powerlessness as a sign of essential limitedness, and an opportunity to reinterpret painful, guilty memories. The spiritual guide knows that guilt and resentment give way to shame. Shame, in the context of the recovering fellowship, yields surrender and realistic self-appraisal. Step 1 opens up the healing path of essential limitedness, and it points out the need for a "Power greater than ourselves."

Steps 2 and 3 focus on the "higher Power." This chapter illustrates the way a person's story, no matter how painful, can provide an experiential foundation for personal theologizing. Pastoral care may offer an opportunity to tell stories without judgment. Such storytelling seems inherently healing. It offers the freedom to draw new meaning from events that have meant guilt and shame in the past. Nearly without fail individuals find spiritual

¹ Sam Keen, To a Dancing God (New York: Harper & Row, 1970), 85.

meaning in their own experiences simply as a function of telling these stories to the chaplain. However, listening to the stories of recovering people is not a matter of naivete. Psychological and theological perspectives shape the freedom and power of these interventions. Furthermore, an understanding of steps 2 and 3 is necessary if one is to foster self-respect and identity with the 12 step self-help groups.

In this chapter, the theological perspectives of "storytelling" theology will be offered. The context of the individual's experience provides the basic material for the theological reflections of the second step.

Discussion of step 2 follows this theological perspective. The psychological explanation of "religious experience" is include in this section. It offers further clues about helping people as they discover their own spirituality. The chapter concludes with practical reflections about step 3.

Storytelling Theology

It is the art of pastoral care to be a talented "story listener." Paul Tournier suggests this when he writes, "I teach nobody. I try to accompany people."² As Beth Burbank puts it in her article on "story theology":

We try to emphasize that every person is a theologian--an experiential one. Every person possesses a story and is a teller of that story in which the Spirit is alive and active. Each person is capable of exploring the meaning of that story and its current or ultimate significance of faith and growth in the Spirit. Every life has a Canon made up of many experiences that point to the presence of God.³

² Paul Tournier, A Listening Ear: Reflections on Christian Caring (Minneapolis: Augsburg, 1987), 98.

³ Beth Burbank, "Reflecting Upon Stories as a Way of Doing Theology in CPE," Journal of Supervision and Training in Ministry 9 (1987):153.

AA's wisdom, also, is the freedom it allows each individual to discover the personal meaning of "powerlessness," of a "higher Power," and of "turning your life over to God as you understand Him," or as sometimes happens--Her, within the context of his or her own story.

The chaplain's second and third step review has become a routine part of the rehabilitation program. After two weeks in the hospital, each member of the therapeutic community makes an appointment with one of the chaplains. This occurs after each person has "presented their first step," a frank review of the symptoms of his or her illness, before the therapy group. Often this is a difficult experience. It often means acknowledging patterns of resentment and guilt, isolation and denial that have been held for decades.

Not every interview with a person in recovery illustrates each of these feelings, but the pattern provides a "road map" for the "story listener" as she or he accompanies a recovering person through this first step. The path is remarkably similar to that discussed in an article by William Nelson in the Journal of Supervision and Training in Ministry in its issue on "story theology."⁴ His pattern is outlined in this way:

1. A particular story becomes "paradigmatic" when it embodies an aspect of the Self in the childhood or adolescent world which is still being lived out in the adult world;
2. These paradigmatic stories may be arrived at by a circular pattern of telling the important stories which shape our sense of personal identity;
3. The initial tendency is to tell an incomplete story which may require further encouragement in order to complete;
4. The role of the ministerial supervisor is to engage the supervisee in the circular pattern of storytelling, to assist in identifying the

⁴ William Nelson, "A Narrative Approach to Theological Reflection," Journal of Supervision and Training in Ministry 9 (1987): 157-82.

identifying the paradigm, and to enrich its meaning with an interpretive intervention;

5. A new hermeneutic of the Self may emerge from theological reflection upon the positive meaning which may not be apparent in the negative "facts."⁵

Two examples of the "paradigmatic" story have been given in this paper. The woman whose "story" was the addiction itself, and the young man whose compassion in an imagined conversation with his own son gave him the opportunity to offer that compassion to himself are examples of paradigmatic stories.

The "circular" pattern to which Nelson refers was apparent in a recent interview. I was speaking with a young woman who had come from a family in which her parents were both alcoholic. She had left her childhood family as soon as she could by becoming pregnant. Soon she was a single parent with a serious addiction and a young child. She put her child up for adoption. Our conversation reflects storytelling theology:

CASE STUDY: When she first mentioned her decision, she said, almost whispering: "I wanted a normal family for my daughter." Then she went on to say how her daughter "got in the way" of her drug use, and "how selfish" she had been to "give her away." Without comment about her motives, I asked this woman to describe her own childhood. She recalled the loneliness, confusion and abandonment, and said she could "see it coming" for her child. As we moved between her guilt as a mother, and her grief about her own childhood, following the "circular" path of her story between childhood and parenthood, I suggested that losing her daughter was "like a death in the family." The woman began to grieve about her experience as a parent. I observed to her that she must have loved her daughter very much. We began to talk about what it means to be a parent, how hard the decisions can be. I suggested that she "write a letter" to her daughter, knowing that it would not be sent, but that it would give this woman an opportunity to tell her story in a context of love and grief rather than guilt. [This technique is one that Beattie suggests in her book on re-

⁵ Ibid., 166.

covery from "codependence."⁶ It has the advantage of permitting a recovering person to break the rule against feeling, without having to immediately break the rules against talking and trusting as well.] When we met the following day to conclude the review of her first three steps, she shared a touching letter to her daughter with me, and affirmed, "I might not be with her, but I am still her mother." This experience of affirming her own intuitive wisdom, her difficult and ironic task as a mother, lead this woman to describe her 'higher power' as "a wise woman inside of me that is always there for me if I am willing to listen."

This woman's story reflects the way a story can be clarified by a circular pattern from adult behavior to childhood experiences and back again. She discovered that her "story," although so familiar, had been incomplete and negative.

The nature of the incomplete story is evident in the Viet vet's understanding of himself, referred to in Chapter 2. If I had not "naively" asked him to tell the story that he had felt was complete, its negative meaning would have resisted any reinterpretation on my part, as it had other friends' and counselors' interventions for years.

There is an impression of "morality tale" in the incomplete story. It is uncomplicated and lacks irony. It does not seem open to misunderstanding or alternative interpretation. It is not a living event, but a long-practiced conclusion, dressed in the supportive features of the original situation. Contradictory impressions have been polished out by constant recapitulation, by frequent internal repetition. The rules: "Don't talk, Don't feel, Don't trust" have worked to ensure that the anger, the guilt and the shame of these experiences will not be transformed.

In his article, Nelson cites the hermeneutical pattern developed by

⁶ Beattie, 147.

Hauerwas in Truthfulness and Tragedy.⁷ According to Nelson, Hauerwas identifies four elements of paradigmatic stories (emphases are his):

1. power to release us from destructive alternatives;
2. ways of seeing through current distortions;
3. room to keep us from having to resort to violence;
4. a sense of the tragic and how meaning transcends power.⁸

The first three of these elements are seen clearly enough in the stories I have shared. The healing irony of AA, and the paradoxical comfort of embracing shame to move beyond guilt are suggested in the fourth element. It affirm one's own powerlessness seems to be the ultimate admission of defeat. Having never fully done so before, each person is confronted with the unanticipated discovery that power is not the ultimate criterion of human wholeness. Nelson echoes the first three steps of AA when he reflects on the discoveries inherent in a full understanding of his own story, "Experiences of tragically 'falling short' of my goal have made me most aware of my utter dependence upon God for spiritual guidance."⁹

Although Nelson makes no reference to his work, Viktor Frankl might well be seen as the father of narrative theology. His book, Man's Search for Meaning, is meant to be a self-revealing document that illustrates the transformation of suffering into meaning. He writes, "I shall leave it to others to distill the contents of this book into dry theories."¹⁰ He tells of his ex-

⁷ Stanley Hauerwas, et al., Truthfulness and Tragedy: Further Investigations in Christian Ethics (London: Univ. of Notre Dame Press, 1977).

⁸ Nelson, 161.

⁹ Ibid.

¹⁰ Viktor E. Frankl, Man's Search for Meaning: An Introduction to Logotherapy, trans. Ilse Lasch (New York: Washington Square, 1963), 9.

perience in the Nazi concentration camps of World War II. He calls this internment a "provisional existence of unknown limit,"¹¹ and so evokes the emotional nature of active addiction. "In the last violent protest against the hopelessness of imminent death. . . . I was struggling to find the reason for my sufferings."¹² Frankl's experience convinced him that finding meaning in our suffering is a basic human need, one that spares us from spiritual emptiness and neurotic frustration. The discovery of meaning gives value to life as it is lived, "What you have experienced, no power on earth can take from you."¹³ This is a precise way of stating the irony of AA. The very stories that were once denied, rationalized, or "forgotten" through drunkenness now become the healing "drunkalogue." The painful past becomes the source of discussions and sharing about "our experience, strength and hope," as the familiar AA phrase puts it. The AA "Big Book" remarks directly on this discovery of meaning from even the most painful of stories:

We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others.¹⁴

This powerful ability of AA to transform suffering into meaning has

¹¹ Ibid., 111.

¹² Ibid., 63.

¹³ Ibid., 131.

¹⁴ Alcoholics Anonymous, 83-4.

led one author to characterize AA as Logotherapy, the name Frankl gave to his movement.¹⁵

The first step is an opportunity to complete a paradigmatic story, to restore balance to an individual's understanding of her- or himself. While this might seem like a professional's intervention, a technique that has little place in the tradition of self-help that keeps AA "non-professional," it seems to me that narrative theology is simply a description of the "hermeneutics" of AA.

The man whose story appeared in the "Big Book," expressing such a "feeling of remorse not far from a loathing of myself and the condition I was in,"¹⁶ shows the pattern of healing that storytelling theology describes. His story is paradigmatic for AA in that it is one of the "personal stories" that make up the second half of the AA text Alcoholics Anonymous. This man recapitulates the struggles with denial and isolation in his seasons of drinking, including the guilt and self-loathing. He reports the experience of discovering his powerlessness:

I will never forget the first time I became conscious of the over-powering compulsion. No matter what happened--I simply had to have a drink. The compulsion soon became a part of my make-up. [He began to experience bouts of non-drinking. Once he stayed sober for a year, although it was not a pleasant time.] I'm sure that this was because I found being on the wagon the most miserable of all experiences. I was moody and irritable I had lost the art of being friendly. The people I had liked the best irritated me most. [He began to drink once again, turning to AA only after drinking failed to work. He called AA, and was struck by their empathy.] Ashamed, I felt as if they had

¹⁵ Robert M. Holmes, "Alcoholics Anonymous as Logotherapy," Pastoral Psychology 21, no. 202 (1970): 31.

¹⁶ Alcoholics Anonymous, 367.

been reading my mail. This . . . convinced me that here were people who understood my problem. . . . After admitting and accepting the fact that I was powerless over alcohol, my first greet feeling of relief was that I was no longer alone. . . . I now realize that an alcoholic cannot get along alone, any more than anyone else can. I, like all men, was a social being who desperately needed fellowship and acceptance. [Sharing his story and hearing other stories without judging gave his life new meaning.] One morning as I was walking to work, from seemingly nowhere at all, there came a thought that there was a possibility that I might never drink again. . . . It was certainly nothing that I myself could have done that brought this new-found peace. There was only one answer. This Power greater than myself had, as to so many others, restored me to sanity.¹⁷

Of course, for this man the process referred to here took a matter of several years. What may occur in the "first step review" cannot fully integrate the rage and pain of addiction and dependence, but it can serve as a vivid "marker," as one psychiatrist characterized the chaplain's intervention.¹⁸ By this, he meant that the process of transforming painful memories and attitudes toward oneself must be applied again and again, but having experienced in the step review the power that trust and openness release, these recovering individuals have a model to carry with them into the culture of AA.

The Second Step

"Came to believe that a Power greater than ourselves could restore us to sanity" is how AA states the step that immediately follows an admission of powerlessness. Understanding that "Power" is at the core of all religious traditions, and yet these people often have abandoned, or felt abandoned by, the religious traditions of their culture. It is no easy thing, in the midst of

¹⁷ Ibid., 369-73.

¹⁸ Samuel Naifeh, conversation with author, 17 May 1988.

the isolation and loneliness of addiction, to be a theologian as well. From whence shall an understanding of this restoring Power come? Rudolph Otto puts it this way: "There is only one way to help another to an understanding of [the numinous]. He must be guided and led on by consideration and discussion of the matter through the ways of his own mind, until he reach the point at which the 'the numinous' in him perforce begins to stir, to start into life and into consciousness."¹⁹

The definition of sanity is at the heart of each person's understanding of this step. The first step review often helps open fresh attitudes of patience, understanding and compassion toward oneself. Frequently, with the healing that happens when old guilt and grief is loosened, a spontaneous appreciation of a "Power greater" than oneself emerges. For one patient, just to sit down privately with the chaplain was enough to release tears of gratitude, "I know that Jesus forgives me."

The effect of accompanying men and women through these first three steps is not often so immediate. There are times when the first step review does not yield more than a recital of things said previously before the group. The effect of the chaplain's intervention can be what occurs as a patient describes the meaning of step 2.

This step has two distinct tasks: to define sanity, and to describe and encounter the higher Power that "restores" sanity to individuals.

Defining Sanity and the "Gestalt Shift"

The first step is often a matter of setting aside the denial of "insanity;" the term defined by many in AA as "doing the same thing over and over

¹⁹ Rudolph Otto, The Idea of the Holy (1923; reprint, London: Oxford University Press, 1950), 7.

again, expecting different results." Each patient is asked to chronicle the progression of her disease and identify the damage it has done to her and those around her. As has been discussed, not only the historical data are reviewed, but the emotional impact of these experiences is explored.

If the first step is concerned with "insanity," the second step is an opportunity to explore what "sanity" means to each individual. Just as the first step implies the development of a "drunkalogue," I have called the second step an opportunity to tell a "sanealogue."

In a workbook for adolescents, Jane Nakken defines the word "spirit" to mean "the invisible part of us that gives us life and energy."²⁰ She directs young people to list their favorite things and special places in an effort to illuminate the quality of life and energy referred to in this step.²¹ Nakken then suggests that the higher Power is plural, that many events, situations, people and feelings lead us to discover that part of us which is spirit.²²

With adolescents and adults, the process of the second step review is much the same. It begins at the end, by having people define what "sanity" means for them, prior to attempting to describe the nature of their higher Power. In preparing for the review, patients are asked to think about what sanity means to them; when it happens, with whom it happens, how it feels.

Often, what this step refers to as sanity is exemplified by the patients as an experience akin to Abraham Maslow's idea of "peak-experience." He

²⁰ Jane Nakken, Step Two for Young Adults (Center City: Hazeldon Foundation, 1986), 7.

²¹ Ibid., 7-10.

²² Ibid., 13.

writes, "If we insist on calling the peak-experience a religious experience, then we must say that religious experiences can be produced by sexual love, or by philosophical insight, or by athletic success, or by watching a dance performance, or by bearing a child."²³ I am not sure that many religious thinkers would resist that idea, but what is at issue here is not to narrow such experiences to the religious dimension for recovering people, but to broaden the idea of spiritual experience to include them all. Maslow sees the power of these profound moments, "It is my strong suspicion that even one such experience might be able to prevent suicide, for instance, and perhaps many varieties of slow self-destruction, e.g., alcoholism, drug addiction, addiction to violence, etc."²⁴

Inevitably, recovering patients give a broad definition of sanity, such as "serenity," "peace of mind," "sobriety," or "happiness." The challenge comes when asked to give examples of sanity. "When have you felt that way?" Inevitably, we come to discuss the exceptional times rather than the familiar patterns of chaos, being drunk or high, and facing the various problems of a life that "has become unmanageable," as the first step says. "In effect, I proceed 'as if' I was trying to make a non-peaker into a peaker. . ."²⁵ says Maslow of his attempts to open his patients up to these broader dimensions of living. These sane-alogues, are not just a general impression of what a normal lifestyle would include, but for these "natural-high starved"

²³ Abraham H. Maslow, Religions, Values and Peak Experiences (Columbus: Univ. of Ohio Press, 1964), xi-xii.

²⁴ Ibid., 75.

²⁵ Ibid., 86.

individuals, it is an opportunity to understand that the relief from emptiness and isolation which has come from alcohol in the past is still available. Even a short rehearsal of satisfying moments can bring a surprising shift of perspective to these patients.

The perceptual shift has been spoken of in terms of "right brain" and "left brain" perspectives. The basic thesis of these studies in brain function is that we actually possess "two" brains. The left lobe of the brain specializes in speech, abstraction, reading and writing. The right lobe of the brain specializes in understanding metaphor, spatial relations, and unified impressions.²⁶ The left brain, with its access to the skills of communication, seems to dominate most human affairs, and perhaps even our internal awareness. However, the sense of wholeness, of being a part of something greater than ourselves, of grasping the total picture, rather than merely a running description, is an experience that is deeply satisfying. In terms of spiritual experience, the right brain is the source of our awareness of the sacred, and our relations with it and each other.²⁷

The need for such experiences is a basic assumption in the AA culture. Indeed, in six of the 12 steps a direct reference is made to "God as we understand Him," or to a "Power greater than ourselves." The steps direct the discovery of that Power and outline a growing relationship between It and the recovering alcoholic. Discovery of the higher Power reflects a need for

²⁶ Thomas R. Blakeslee, The Right Brain: A New Understanding of the Unconscious Mind and its Creative Powers (Garden City: Doubleday/Anchor, 1980), 167.

²⁷ James B. Ashbrook, The Human Mind and the Mind of God: Theological Promise in Brain Research (New York: Univ. Press of America, 1984), 82.

meaning that extends beyond the realm of addiction rehabilitation. It is the need to escape from the analysis of life, the constant description and evaluation of experience, to discover unity, quiet, and at-oneness. As one author puts it, "This yearning to quiet the left-mode may partially explain centuries-old practices such as meditation and self-induced altered states of consciousness achieved through fasting, drugs, chanting and alcohol."²⁸ The importance of this awareness is pointed out by Howard Clinebell, when he writes, "An understanding of any religious approach to alcoholism must include the recognition that, for the alcoholic, religion and alcohol are functionally interchangeable."²⁹ Teaching recovering alcoholics the availability of these peak experiences within their own stories is an important step from dependence on alcohol.

As we tell these stories of sanity, an attitudinal change often occurs. People begin to experience themselves as "sane," or at least, as having the capacity for sanity. Even among alcoholics who have struggled with the illness for decades, a sense of a sane and healthy world can emerge. "When I first discovered Kinlochard, I was on one of my prolonged binges. Even then, the beauty and tranquility got through the alcoholic haze."³⁰ This description from AA literature illustrates how the sense of life as whole and meaningful exists in spite of the chaos of drinking. By intentionally looking for

²⁸ Betty Edwards, Drawing on the Right Side of the Brain (Los Angeles: Tarcher, 1979), 57-8.

²⁹ Clinebell, Understanding and Counseling, 154.

³⁰ Came to Believe: The Spiritual Adventure of AA as Experienced by Individual Members, (New York: Alcoholics Anonymous World Service, 1973), 5.

the personal story of sanity, an alternative way of living begins to emerge from within the recovering individual.

Examples of Sanealogues

Perhaps my most brief second step occurred in the hospital hallway after a lecture I gave about finding one's own spirituality. One of the men, who had sat through the lecture with some impatience, told me that he "didn't believe in anything," as we walked from the classroom. "Absolutely nothing?" I asked. "I believe that we'll all die sooner or later," he responded. "What would happen if you took a little time each day to think about that?" I wondered. Even in his defiant mood, he had the grace to admit, "I guess my life would change."

Many of the patients in the hospital arrive on the hospital unit with backgrounds in the familiar faiths of our culture. The second step does not necessitate abandoning personal beliefs or family values. The second step does insist that whatever faith one holds, it must "restore us to sanity." Even among those who have felt that guiltiness was a dominant theme of their faith, the chaplain's review focuses on the elements of faith that bring healing and wholeness. I have shared several times with people whose strong commitment to their religion seemed only to bring more self-doubt in the past, that the word telos translated as "perfect" in most Bibles in the passage "You, therefore, must be perfect, as your heavenly Father is perfect" (Matt. 5:48), is probably better translated as "whole," or "complete."³¹ Of course, a

³¹ Gerhard Delling, "Telos," Theological Dictionary of the New Testament, eds. Gerhard Kittel and Gerhard Friedrich, vol. 8 (Grand Rapids: Eerdmans, 1972), 49-87. Biblical references in this dissertation are to the Revised Standard Version unless otherwise specified.

simple lesson in exegesis is not enough, we go on to discuss what "wholeness" is and how it feels. When doctrine, dogmatics, even scripture seem to maintain guilty self-punishment, I appeal directly to the individual's "personal experience" of God. In this way I am acting much like the man who first confronted Bill W. with his new-found sobriety and challenged Bill by asking, "Why don't you choose your own conception of God?"³² Naturally, the chances that this question will yield a comforting and nurturing God are more likely after the sanealogue, and the gestalt shift to right brain thinking.

For others, not only is there little experience on which to build a conventional religious expression of faith upon, there seems to be little upon which to build a review of "sanity."

CASE STUDY: One woman was puzzled by the request to recall times of sanity. She told me that her mother and father had been alcoholics before she was born. Not surprisingly, she developed her own addictions before she left high school. She had several failed marriages to her credit, and although she struck me as rather bright, her work history was one of under-achievement and rapid turnovers. "What is sanity?" she asked. I shared some general comments that many patients give, "peace of mind," "serenity," "happiness." "I don't think that I've ever had any of that," she responded. We talked about her expectations of sanity, what it should be like and how long it should last. I told her how some patients felt that sanity was "really knowing what was right for you," and that sometimes it only lasts for a moment. She thought for a bit, then seemed to be struck with an idea. "You mean, sanity is something that could come and go, sort of like a good idea?" When I admitted that might be the case, she began to get animated, "See if this is sanity. . . ." Then she told me about her second wedding. She spoke vividly about walking down the aisle. She looked around and saw her friends and family, her mother, gathered to be with her. Looking ahead to see her husband-to-be, she was struck with the thought, "This is a big mistake, you shouldn't be marrying this guy!" She told me that although that intuition was quite powerful, she just could not bring herself to "disappoint so many people. So I walked on down the aisle and married the guy. Then it was four

³² Alcoholics Anonymous, 12.

years before I was sane again, and finally divorced the s.o.b.!" When I admitted that she had a powerful example of sanity in that story, she began to trace a thread of sane intuitions through her life. She recalled the sane thought that she had about going on to college when she graduated from high school, but she had ignored that as well. After talking about various opportunities to enrich or improve her life, almost all of which she had ignored, she concluded, "So that's the way God works! I really haven't been listening."

Not every second step concludes with a relationship to "God;" archetypal images are sometimes identified. One man reviewed his first step with me, a story that included considerable pain and loss. He talked about his experiences in Viet Nam, the death of his father, and his many failures at recovery.

CASE STUDY: "I've struggled to find my higher Power again and again. I just don't think I'll be able to do it." Although he wanted to focus directly on what his higher Power might be, and why he hadn't been able to discover it, (a "left brain" approach to his frustration), I asked him to tell me about his losses. As we spoke about the death of his father, I asked if he had ever been able to do some thinking about what his father had meant to him. He admitted that he had rarely talked about his father to anyone, usually he avoided thinking about his sadness. Then he told me that on a camping trip to Oregon, he had taken some time to sit on a rock in the middle of a stream, just watching the water go by, and that he had wept there about his father's death. He said that he felt a sense of peace when that happened. I invited him to "return" to that rock, to "sit" there for a moment and "see what happens." After a few moments of reflection with his eyes closed, he "returned" to the room. "You mean, that's my higher Power! That's so simple. I worked so hard to find it. I can just go and sit on that rock whenever I want to." He seemed quite satisfied and relieved to have found a higher Power so within his reach, a matter of personal experience, and we discussed how this discovery would be an element of his AA membership.

I have accompanied several adults and adolescents whose search for a Power greater than themselves has led to a rock or a boulder. One young man said, "I can just sit on it and it's like a giant sponge. It absorbs all the hassles in me, and if I sit there long enough, it begins to send back solutions

to the things I am worrying about."

My reflections about the process of the second step were nourished by Alice Walker's novel The Color Purple.³³ In it I found an example of a natural pastoral intervention which followed this second step pattern. Celie's friend helped her discover her own "sanity," and built an understanding of God from the freedom her friend found in trusting her own intuition. It is a water-shed event in the book, changing the perspectives of this abused woman as she discovers her own dignity and freedom to be whole. Celie's God is no longer the projection of her fears, and of the demands of those who oppressed her. Her friend remarks, "When I found out I thought God was white, and a man, I lost interest."³⁴ She, like people recovering from addiction, begins to turn within to find the dignity and respect that makes life worthwhile. For this woman, the color purple was a symbol of the beauty in the world about her, and the awe she was capable of feeling in response.

This freedom to discover God in unique and self-affirming ways is embedded deep within the women's movement and is fundamental to women's recovery. Addiction simply mirrors women's reliance upon external, usually masculine, images of God. Mary Daly quotes Nelle Morton's praise of an alternative "Beloved Imager":

Fancy! A great ear at the heart of the universe--at the heart of our common life--hearing women to speech--to our own speech.³⁵

³³ Alice Walker, The Color Purple (New York: Simon & Schuster, 1982), 199-204.

³⁴ *Ibid.*, 202.

³⁵ Nelle Morton, "Beloved Image" quoted in Mary Daly, Gyn/Ecology (Boston: Beacon, 1978), 313.

For women, spiritual bankruptcy is often cloaked by a "spiritualization" of dependency: "self-giving love."³⁶ Once again, one's own self-esteem is in the hands of others; often the men and children of a woman's life. Bridget McKeever talks about the emptiness at the heart of women who have no "God" to offer an image--a mirror--for self-affirming wholeness:

... because they have been through an experience of spiritual nothingness, of being without an adequate image of the self, they have an avid hunger for spiritual wholeness. They are ready to begin a quest for the transcendent. For that reason their recovery program must include opportunities for spiritual growth.³⁷

To initiate this quest on the basis of sanity, one's own subjective experience, turns the valuing inward. God is found at the center, in the depths, often stepping out of shadows and darkness. Discovered in unexpected places, this God can offer Itself in unexpected manifestations: the color purple, a wise woman, a rock. It affirms the deep self, for women and men. The theology of one's own story offers an alternative to the "Big Egos" men typically hide behind, and the self-sacrificing, even self-abandoning, love in which women lose themselves.

Identifying and Encountering the "Higher Power"

The discussions about sanity are meant to foster a shift in the person's

³⁶ Bridget Clare McKeever, A Pastoral Response to Dependency on Prescribed Drugs in Women, Ph.D. diss., School of Theology, Claremont (Ann Arbor: UMI, 1983), p. 143.

³⁷ Ibid., 86-7.

way of thinking, a more intuitive, less abstract and judging way of thinking. The value of this intervention is not only in the fresh ways that people come to think of themselves, it also offers a productive way of conceptualizing an individual's personal relationship with God.

CASE STUDY: The woman, who recognized her sanity in the wisdom she had ignored, spontaneously began to talk about God when she identified the pattern of intuitions that had been available to her throughout her life. She remarked, "So that's how God works." She then told me that she had been abused as a child, and had felt abandoned by people she trusted and by God. She wept and told me, "Now I see that I wasn't alone. God was there, and He didn't want that to happen. He just couldn't stop it. He must have felt bad, too." As we talked about those old memories, and her relations with men generally, she admitted that she was considering having an affair with one of the men on the unit. I felt honored to have her trust, considering the strength of the taboo against such relations in the rehabilitation setting, but declined to give advice when she asked me what she should do; drop this new guy and stay with her established boyfriend, to whom she felt an obligation, or respond to the energy she felt from the new relation. She was concerned that she would risk the old lover, and simply be used by the new one. I suggested that she ask her higher Power, whom she had just come to know. She put the question to Him directly, imagining that he was sitting with us in an empty chair. (This technique of putting God, or others in an empty chair was developed by Fritz Perls as his tool for dream analysis.)³⁸ After listening for a bit, she said, "He says, 'I don't know what will happen. That's up to you and him. You need to decide.'" She laughed and said she didn't know what she was going to do either, but she didn't need to decide right then, she'd just take it "a day at a time," and not rush into anything.

After one man and I had discussed sanity, I asked him about the nature of the higher Power that would "restore" him to such a condition. "If that," [meaning all of the things that he had identified as characteristic of sanity to him]; "is what the 'higher Power' restores you to, what does that tell you about the 'higher Power' itself?" He talked about love and forgiveness,

³⁸ Perls, 78.

and getting to know God in a new way. I invited him to think of a place he would go to have a talk with God, a place that would be quiet and peaceful, and he told me about a cave near the ocean. I suggested that he go there and "have a talk with God," get to know God in this new way. The man spent a rather long time in quiet meditation, then roused himself to tell me about the meeting he had with a figure like himself surrounded by a colorful aura. We talked about the peace and wisdom he felt from that figure, and discussed ways to "stay in touch" with his new understanding of God. It was as if this man had a visual image of the meaning of God that another AA member shared in a recent issue of the AA magazine Grapevine, "I understand that I use God as a metaphor to express my deepest and most vital aspirations."³⁹

Before concluding this chapter with remarks about the third step, it is necessary to point out that not every natural conception of the higher Power is healthy. Some people need guidance to discover images which offer a suitable tool for recovery, rather than the projections of fears and abuses that Celie, in The Color Purple, originally had. In fact, some people seem to have an image of a higher Power that maintains their dependent fears and insecurities, rather than "restoring them to sanity." For such people, their image of God seems to carry the emotional weight of their chaotic lives.

CASE STUDY: I spoke with a woman who had a very clear and personal image of her relationship with God. She had been abused and molested as a child, and these incestuous violations had shaped her vision of the "higher Power." She told me that she imagined God as a big man, a scientist in a white lab coat. She had been created by this man in a test tube at his laboratory. Then he had placed her in a shoebox on a shelf and walked away,

³⁹ "God as a Metaphor," Grapevine, April 1988: 27.

leaving her there by herself. I found myself reacting strongly to this description, feeling angry and fighting the impulse to "correct" her description. She, however, spoke unemotionally and maintained a rather closed posture. I began to explore this description with her, hoping to find some inherent redemptive characteristic. In an effort to get her to react to this description of abandonment and imprisonment, I asked her what it was like to be in the shoebox. She told me that it felt quiet and safe. I had not expected a positive answer, and so I paused to let go of my thoughts. It became clear that this was her private place, something like the rock was for the man who grieved his father. The problem was one of access, of entrance and exit. We began a shared imaginative redesign. "What would it be like if you had the freedom to come and go from your safe place?" I asked. We added doors and windows. We talked about moving from that sterile laboratory, and so the "shoebox" travelled to a Sierra valley and became an A-frame cabin with a wonderful view. I caught a glimpse of her natural enthusiasm when I asked how she would furnish the interior. "I know just how I want it, I can see it right now. And the best thing is, everything will stay right where I put it. I won't have to pick up after my kids or my husband!" Finally we talked about the giant in the lab coat. "He doesn't belong here," she said. We talked about how she felt in that cabin, what the spirit of the place was like, and found that a wise woman would visit when invited, "But only when I ask her; this is my private place."

Using a "found" healthy image amidst that symbols of abuse, this woman had created an image of dignity, wisdom and strength for herself.

The Third Step

"Sometimes people have a profound experience of God and then fail to realize its full meaning for their lives because they do not stop long enough to listen."⁴⁰ The third step portion of the chaplain's review is most brief and direct. The step states, "Made a decision to turn our will and lives over to the care of God as we understood Him." For me, this is an invitation to do a bit of problem-solving with the higher Power that the individual has identified. I ask what current issue or relationship might be troubling the person

⁴⁰ Morton T. Kelsey, The Other Side of Silence: A Guide to Christian Meditation (New York: Paulist, 1976), 107.

I am with, and I ask them to seek guidance from the source of healing that he or she has described.

The woman who was considering an affair, discussed above, is one example. Another encounter occurred between a man who was troubled by the infidelities of his estranged wife and the God of his understanding. Although it was clear to both the husband and wife that their marriage was at an end, he wondered how her actions could still so upset him. We had seen that his Roman Catholic background had given him the experience of the presence of God in Jesus Christ, but this relationship had been distant and neglected. After the second step, he "put" Jesus in a chair and asked, "Why am I so concerned about my wife's affairs with other men? Why does she have such power over me?" Listening for a moment, he turned to me with a surprised look and said: "Jesus says it's because I'm so worried about my own macho image." Although blunt, it was an answer that seemed helpful to him, for it returned the responsibility for his feelings to him.

As a conclusion to the review of these three steps, I encourage people to think of personal ways to maintain their contact with the higher Power on a daily basis. We talk about a routine that can be fit into normal daily activities; a journal, a special quiet time, the use of a daily meditation book which is a common practice in AA.

AA's "Big Book" offers meditations and prayers at many points in its description of recovery. At all points, it emphasizes the practicality of spiritual disciplines. It offers a clear warning against a privatistic relation with God. In this way, AA balances a relationship with God with participation and respect for the fellowship of AA itself. While encouraging prayer and meditation, the "Big Book" warns:

Being still inexperienced and having just made conscious contact with God, it is not probable that we are going to be inspired at all times. We might pay for this presumption in all sorts of absurd actions and ideas. Nevertheless, we find that our thinking will, as time passes, be more and more on the plane of inspiration. We come to rely on it.⁴¹

To avoid these mistakes of spiritual immaturity, AA strongly suggests that each new member associate herself with a sort of partner in recovery, a "sponsor." This mentor to the meetings and through the steps may offer practical advice about ways to avoid the painful and familiar self-righteousnesses of new-found contact with God.

Howard Clinebell writes that "people shape their personal religion in terms of their inner needs."⁴² He identifies fundamental needs for trust, meaning and the numinous.⁴³ Through the process of accompaniment using the steps of AA, a pastor can help the recovering alcoholic learn trust, find meaning in his own story, and clarify in a practical way the presence of the numinous in his life. Even more, as shall be seen in Chapter 6, one's self-esteem is not an issue separate from one's theology. To affirm an understanding of one's higher Power from one's own experience is to affirm oneself is deep and healing ways.

Conclusion

In this chapter, pastoral interventions with persons recovering from alcohol addiction have been explored. The perspective of "storytelling" theology focuses from evangelism to a deep respect for the experiences of each

⁴¹ Alcoholics Anonymous, 87.

⁴² Howard Clinebell, "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," Quarterly Journal of Studies in Alcoholism 24 (1963), 484.

⁴³ *Ibid.*, 477.

individual, finding it their own stories the meaning and presence of spirituality.

The power of the patient's experiences to create shame, denial and guilt were described in Chapter 2, where the roots of addiction were found in patterns of dependency. In this chapter, the power of the patient's positive experiences to create a foundation for recovery is described.

Chapter 4 will discuss object relations theory. The power of this theory is its value to bridge the phenomena of dependency and of the development of the idea of God. The next chapter presents concepts which will be applied to addiction studies (in Chapter 5), and to development of a personal image of God (Chapter 6).

CHAPTER 4

Object Relations Theory: A Perspective on Dependency

we can't be born enough,
we are human beings,
for whom birth is
a supremely welcome
mystery,

a mystery
that happens only and
whenever we are
faithful
to ourselves.
e.e. cummings¹

Introduction

e. e. cummings' poem makes clear the thesis of object relations theory, that human "birth" is not completed with passage from the birth canal. Rather, it is a psychological and spiritual process that simply begins when physiological birth has occurred. Chapter 2 pointed out the dynamics of denial and dependency; the way in which individuals miss the meaning of their own experiences, they fail to become fully "born" to themselves. In this chapter, the contributions of D.W. Winnicott and Margaret Mahler are offered as a descriptive theory of the origins and dynamics of dependence

¹ e.e. cummings. This poem, or fragment, came across my desk at the hospital. Like many thoughtful gifts, it came without source or reference. I have not been able to find it among the volumes of cummings' poems I have reviewed.

within the individual.

In a second and third step with a man who had previously been through another treatment program, the idea of rebirth emerged as we spoke:

CASE STUDY: He was quick to focus our conversation on his relationship with his wife. Although he had achieved some periods of sobriety, his wife continued to use drugs, and inevitably he, too, returned to drinking and using drugs. It was not long before we identified an additional element that had been missing from his previous treatment and his "first step." He had admitted that he was powerless over drugs and alcohol, but not his wife. We touched some tender feelings as he described his reluctance to "let her go." Without making any suggestions that a decision about the future of their relationship was immediately necessary, I recommended that he write a "letter" to his wife, without the intention to mail it, describing what it meant to him to be "powerless" over her. He quickly agreed, and we made an appointment to meet again soon.

When we met again, he had with him the last of three letters he had written to her. He was enthusiastic, and eager to share. The theme of the letter was an acknowledgment that he could not be in treatment to manipulate her into recovery, but that he must find his own solution for sobriety. It ended with a wistful but rather realistic expression of the desire that she join him in recovery, and with a commitment for himself to follow up his hospitalization with a stay in a recovery house. He was clearly satisfied with his new perspective, even though he recognized that his marriage might not last. As we talked, I invited him to imagine a cord connecting him to his wife, attached to him "at your solar plexus." I reminded him of the old-time telephone operator's switchboards, and suggested that he "see" this cord in that way. I asked him to feel how thick the cord was, and which direction the current flowed. With a look of interest, he told me that all of the energy flowed toward his wife. I suggested that he "pull the cord out," and let God, whom we had talked about previously, put His hand over the hole and "let it heal closed." The man was still for a time, then sighed and said, "I feel like a little baby. I feel like a newborn child." We concluded with his reflections on the difference between being "addicted to someone or loving them."

This chapter discusses the necessity for "rebirth" of an independent self-attitude for the recovering alcoholic or addict. As we have seen, two

poles of emotional intensity seem to occur frequently among alcoholics: grandiosity and unhealthy dependence. They explain the moodiness and painful internal tension of the alcoholic. Both grandiosity and dependence prevent realistic relationships with others, both result in over-intense and inflexible bonds to others, constricting the possibilities for independence and self-esteem. As a result, emotional dependency creates the fertile ground in which chemical dependency can flourish.

Object relations theory, which offers a method of understanding early childhood experiences and their impact on development, helps explain how the contradictory feelings of grandiosity and over-dependence may exist simultaneously within the individual. These abnormally-powerful inner tensions are the result of an unresolved primitive defense known as "splitting," one of several defenses the young individual uses to ward off painful experiences. Other primary defense mechanisms are projection and introjection, which, together with splitting, normally provide the infant with his earliest tools against the anxieties he feels.² The role of these early defenses shapes the future of the individual's self-esteem, potential for independence and capacity to nurture himself and others.

Although I will return to this point in Chapter 5 on addiction research, I wish to point out that even though these defense mechanisms are familiar to early development, they can be, and are, used regressively whenever an individual encounters deeply troubling situations. I will argue that not every case of addiction may trace its complete genesis to childhood; in fact, not all alcoholics report troubled childhoods. Bearing in mind the distinction

² D.W. Winnicott, The Maturation Processes and the Facilitating Environment (New York: International Universities Press, 1965), 587.

between "traits" and "character disorders" pointed out by Cermak with regard to "co-dependence,"³ I will hold that persons without deeply chaotic childhoods can develop dependency problems from adult situations. While early childhood experiences inevitably create dependency needs in all people; life situations, such as war, troubled marriages, stressful retirements, can foster addictions at any season of life.

Child Development Theory

Sigmund Freud stimulated studies of child development with his theory that adult behaviors found their origin in childhood experience. His work "On Narcissism: An Introduction," attempts to explain adult schizophrenia by virtue of childhood defenses and experiences of self.⁴ It is in this article the Freud uses the term "His Majesty the Baby,"⁵ an idea whose implications so troubled Bill W. with its suggestion that alcoholism was an indication of immaturity. However, Bill W. picked up the notion and incorporated it into the "orthodoxy" of AA:

Either we had tried to play God and dominate those around us, or we had insisted on being overdependent upon them. Where people had temporarily let us run their lives as though they were still children, we had felt very happy and secure ourselves When we had taken the opposite tack and had insisted, like infants ourselves, that people protect and take care of us or that the world owed us a living, then the result had been equally unfortunate. This often caused the people we had loved most to push us aside or perhaps desert us entirely. Our disillusionment

³ Timmen Cermak, Diagnosing and Treating, 86-87.

⁴ Sigmund Freud, "On Narcissism: An Introduction," Sigmund Freud: Collected Works, ed. Ernest Jones, vol. 4 (New York: Basic, 1960), 32.

⁵ Ibid., 48.

had been hard to bear.⁶

Here, clearly, is illustrated the painful tension of grandiosity and dependence. Bill W.'s discomfort that these dynamics had their roots in childhood is confirmed by the studies of child development theorists.

Object Relations and "Splitting"

Melanie Klein, a pioneer of the child psychoanalysis movement, outlined the way children take into themselves their impressions of the people, particularly parents, in their environment. These impressions are called "objects," (to reflect their enduring and autonomous-seeming quality), and they exert considerable influence over the personality of the child.⁷ Another way of thinking about these inner objects is to consider them the internal representations or impressions that we have of others.

This taking into one's personality the impressions, or objects of significant others is called "introjection."⁸ Once these object relations have been established, the child experiences them as realistic representatives of the actual persons in her environment. This impression that the objects are necessarily true to the persons they represent is called "projection," and means that the child will respond to others as they are represented internally, rather than as they might actually behave.⁹ Fortunately, objects within usually correspond rather well to people without; however, this is not always

⁶ Twelve Steps and Twelve Traditions, 19.

⁷ Melanie Klein, The PsychoAnalysis of Children, 3rd ed. (London: Hogarth, 1949), 202-3.

⁸ Ibid.

⁹ Melanie Klein, Contributions to PsychoAnalysis: 1921-1945 (London: Hogarth, 1950), 282.

the case. Klein also identifies introjections that are not particularly congruent with the person with whom they are associated. These impressions Klein calls "imagos."¹⁰

In an earlier chapter of this thesis, Fritz Perls' description of this state of affairs, when it endures into adulthood, was quoted. Perls writes:

If you are poisonous, that means that you have got a dybbuk, a demon, in you, somebody who poisons you, whom you have swallowed whole. The Freudian idea that we introject the person we love is wrong. You always introject people who are *in control*!¹¹

I would disagree with Perls' understanding of Freud, and his impression that we only introject those who are in control. My understanding is that we introject people who are important to us, no matter what the quality of the relationship might be.¹² Yet Perls expresses the mechanism, and its destructive potential, clearly. Living with another "person" within, a person who has been "swallowed whole," is the essence of dependence. Projection condemns one to encounter the same "object" again and again until it is released. Perls' dybbuk seems to capture the idea of imago. (While Klein's distinction between imagos and objects is helpful because it distinguishes rather unrealistic representations from more realistic ones, it is not a distinction that is maintained in most subsequent literature. Klein, herself, states that "these two kinds of object-relations intermingle and colour each other to an ever-increasing degree in the course of development,"¹³ so that

¹⁰ Ibid., 306.

¹¹ Perls, 140.

¹² Freud, "On Narcissism," 31.

¹³ Klein, Contributions to PsychoAnalysis, 306.

there appears to be a confluence of imago and object. Other authors assume that objects can be either realistic or quite distorted, and do not maintain the term imago. With them, I will not maintain a distinction between imago and object.)

Under the pressure of frustration and inevitable conflicts of needs and demands, the child must solve the anxiety that occurs when a loving person in the environment acts in painful ways. Klein discusses how the breast comes to be the symbol for the child of its mother, and how this "breast" is split into the "good breast" and the "bad breast."¹⁴ (This use of "good" and "bad" has no ethical connotation, it refers to the infant's personal assessment of its experiences. This is not a moral good or bad, but a pleasurable good or an unpleasant bad.)

Splitting occurs when the infant experiences frustration and fear from the same individual who also contributes to satisfaction and comfort. The goodness and the danger are incompatible and confusing for the infant. Anxiety results. To clarify its experiences, the infant "splits" the person, (the mother or breast), into good and bad aspects.¹⁵ It is then free to fully love the one and hate the other.¹⁶ Of course, the ultimate reunion of good and bad objects must occur if the child is to come to a realistic relationship with its mother and others in its environment. As Klein says, "The first important

¹⁴ Ibid., 282.

¹⁵ Ibid., 305.

¹⁶ Ibid., 306-7.

steps in this direction occur, in my view, when the child comes to know its mother as a whole person and becomes identified with her as a whole, real and loved person."¹⁷

However hard this reunion of good and bad objects is in normal circumstances, it is made much more complex by parental inadequacies or inconsistencies, leaving the child with less capacity to cope with anxiety as its internalized relationships become chaotic and polarized, rather than realistic and unified. Yet Klein has remarkably little to say about the objective quality of the child's parenting, choosing to analyze their personalities without reference to the parenting environment.

Klein's vivid psycho-sexual language makes it difficult to avoid the idea that she is writing symbolically or metaphorically; an idea which she would deny. In fact, she is criticized by D. W. Winnicott for finding in earliest development the psycho-sexual dynamics of a later age, "So much of what Klein wrote in the last two decades of her fruitful life may have been spoilt by her tendency to push the age at which mental mechanisms appear further and further back, so that she even found [neurotic symptoms] in early weeks"¹⁸ Yet her leadership in attempting to describe the internal dynamics of personality development lead to further interest in the development of the child.

"Good Enough Mothering"

Subsequent researchers found valuable insights when the child's parental environment was more fully included in the analysis. Rather than

¹⁷ Ibid.

¹⁸ Winnicott, Maturation Processes, 177.

the "good breast," Winnicott conceived of the "good enough mother," an idea that seems more complete.¹⁹ In fact, the "mother" Winnicott refers to includes the father as well:

Satisfactory parental care can be classified roughly in to three overlapping stages: (a) Holding; (b) Mother and infant living together. Here the father's function (of dealing with the environment for the mother) is not known to the infant; (c) Father, mother, and infant, all three living together.²⁰

Of course, the actual biological parents need not necessarily be the mother and father referred to by Winnicott. Winnicott's broader developmental conceptions have been explored by Margaret Mahler.

Mahler's findings present a paradigm for understanding the healing dynamics of AA's first three steps. While these three steps encourage the recovering alcoholic to let go of old dependencies and trust an external source of goodness, Mahler's observations of infants with their mothers, and her conclusions about the tasks of early development, suggest how we humans learn how to "walk on our own two feet" in an ironic way. In recovery, individuals learn how to stand on their own, by learning how to accept their need for a higher Power. Mahler observes that children learn to walk, and fully discover their capacity for being alone, only if they carry their mothers with them, in the form of healthy object relations.

In fact, Mahler observes that the process of maturation, of "separation and individuation," is never fully resolved.²¹ She believes that the quality of

¹⁹ D.W. Winnicott, "Transitional Objects and Transitional Phenomena," International Journal of Psycho-analysis 34 (1953): 94.

²⁰ Winnicott, Maturation Processes, 588.

²¹ Margaret Mahler, Fred Pine and Anni Bergman, The Psychological

our early experiences leaves "vestiges [which] remain with us throughout the entire life cycle."²²

Mahler describes the origin of objects and object relations as they emerge from the symbiotic relationship the child has with its mother. Her model is the normal pattern of development which occurs as the child learns how to walk, and so gains its freedom of movement and independence from its mother. The child learns to walk. Inevitably, this reach for freedom and mastery of the environment involves "separation anxiety."²³ This anxiety, which works against the psychological growth of the child, is tempered by the mother's presence, and in particular, by the soothing touch she offers. "[W]e believe the mothering partner's 'holding behavior,' her 'primary maternal preoccupation' in Winnicott's sense . . . is the symbiotic organizer--the midwife of individuation, of psychological birth."²⁴

This compressed sentence holds the essence of Mahler's thesis. The "holding behavior" is what Mahler saw in mothers who were able to put aside their own needs for the sake of their children. It reflected a willingness to offer patience and nurturance, even beyond the fact of holding and touching. It meant the skill of letting the child be free to explore its environment and still return for maternal caring at will.

Birth of the Human Infant: Symbiosis and Individuation. (New York: Basic, 1975), 3.

²² Ibid., 48.

²³ Ibid., 9.

²⁴ Ibid., 47.

The "primary maternal preoccupation" refers to the mother's commitment to the child's welfare when she is in the presence of the child. As Winnicott puts it, she gives the child the illusion of omnipotence, granting to the child the belief that its actual symbiotic relationship is rather a matter of its own power.²⁵ This provisional omnipotence is gradually withdrawn as the mother senses the child is capable of intergating the anxiety of separation. Its original narcissism, the illusion of independence from its utter dependence on the mother's care, is transformed by the "good enough mother" through the growing experiences of the child's own competence. Imagining the mother to be an extension of itself, the process of introjection, is replaced with the growing acknowledgement of the mother's existence as a separate self. At the same time, the child comes to experience itself as a separate person. Thus the mother permits the evolution of maturity by her consistency and empathy. When this is the case, the child's infantile narcissism is transformed into basic trust, and the capacity for self care emerges.²⁶ Moreover, the child has an internal supply of caring experiences, experiences of the "good mother," from which to draw self-esteem.²⁷ These experiences are the "love object" into which the inevitable frustrations of growing up can be merged, so that a satisfying and realistic relationship may occur with the mother, a relationship which becomes the prototype for all of those to follow. With the capacity to enter into relationships with others, known to be out-

²⁵ Winnicott, *Maturational Processes*, 586; following a quote from Freud, found on that page, "[the child] probably hallucinates the fulfilment of its own internal needs. . . ." See also Winnicott, "Transitional Objects," 94-5.

²⁶ Mahler et al., 59.

²⁷ Ibid., 49.

side the child's self, the child experiences psychological birth.

"Hatching" is the first step of the psychological birth of the child. With this opening up to the stimulations coming from its environment, the infant begins its exploration of its world, with the "confident expectation"²⁸ of parental support and nurturance. Separation is the next step, the infant learns how to "walk on its own two feet." Individuation follows as the child grows to see itself and its mother as two distinct and enduring persons.

Hatching is the first chosen behavior. It reflects the willingness of the child to turn from its mother and greet the world. Hatching reflects a measure of optimism about the infant itself and the anticipated world it turns to find. Both faith and trust are expressed in the infant's willingness and ability to hatch into the world. Winnicott expresses the foundation of faith this way:

The child who is not having good enough experiences in the early stages can't be given the idea of a personal god as a substitute for infant care. The vitally important subtle communication of the infant-mother kind antedates the stage at which verbal communication can be added. This is a first principle of moral education, that moral education is no substitute for love.²⁹

There is no way for the idea of a loving God to come from the outside until the child--or the recovering alcoholic--experiences "good enough" caring. In fact, the essence of storytelling theology is a willingness to "trust with" the alcoholic that sources for the courage to hatch ill be discovered in each sanealogue. It is an experience of good enough caring that Clinebell

²⁸ Ibid., 54.

²⁹ Winnicott, Maturation Processes, 97.

theorizes was in short supply for the alcoholic-to-be:

Because of some inadequacy in the quality of this [mother-infant] relationship, the prealcoholic did not develop what Erik Erikson has called "basic trust." He did not experience the world as trustworthy. Basic trust constitutes the foundation for all subsequent relationships of trust, including trust in God. The extreme narcissism of drinking alcoholics has been noted by many students of the subject. This is directly related to the lack of basic trust. . . . Such alcoholics form impossibly demanding dependencies ["big egos" and "selfless love"] and then feel angry and rejected when their grandiose demands are not met.³⁰

(The pastoral intervention described in this paper emerges from a "basic trust" within the pastor that a healing "sanealogue" lies within each alcoholic. The sources of the pastor's basic trust will be identified more fully in Chapter 7.)

Hatching, and the discovery of self as distinct from the mother, is distorted when it is either premature or delayed.³¹ This occurs when the mother is unable to yield herself to the omnipotent, and age appropriate, needs of the infant. The results are strikingly similar to the characterizations of behavior found in addicted persons.

Mahler discusses what happens when mothering is inadequate:

Maternal unavailability made the practicing and exploratory period of such children rather brief and subdued. Never certain of their mother's availability and thus always preoccupied with it, they found it difficult to invest libido in their surroundings and in their own functioning. . . . The relationship was at that early stage beset by many serious precursors of serious developmental conflicts, giving rise to marked ambivalence and the splitting of "good" and "bad" objects and probably also of self-repre-

³⁰ Clinebell, "Philosophical-Religious Factors," 481.

³¹ Mahler et al., 58.

sentations.³²

Thus, the child ends up not only with the impressions of a "bad" mom, but also of himself as a "bad" boy (and a bad, or at least unsatisfying, world). The bad object "remains or becomes an unassimilated foreign body," and "there seems to develop an increased proclivity to identify the self-representation with the "bad" introject or at least to confuse the two."³³

Three general patterns of behavior may result from this dual conviction of badness.

First, the capacity for delayed gratification is limited. Under the influence of a consistent and empathetic mother, who appropriately demonstrates her independence over time, the child discovers the "capacity to tolerate the delay of gratification and to endure separation. Such concepts as 'later' or 'tomorrow' are not only understood but also used by the child of this age: *they are experimented with, polarized by his mother's comings and goings*"³⁴

Second, the capacity to accept frustration in relationships is not fully developed. Mahler discusses the outcome of consistent mothering:

It has a special bearing on the fate of the aggressive and hostile drives. In the state of object constancy, the love object will not be rejected or exchanged for another until it can no longer provide satisfactions; and in that state [of object constancy], the object is still longed for, and not rejected (hated) as unsatisfactory simply because it is absent.³⁵

³² Ibid., 82-5.

³³ Ibid., 117.

³⁴ Ibid., 116.

³⁵ Ibid., 110.

In other words, with good enough mothering, the child learns that persons have value beyond the utilitarian capacity for satisfying needs and resolving anxiety. Stable relationships that will carry the weight of tension and change must be established on the foundation of self-esteem and positive expectations for others. Without this foundation, the child does not move fully beyond the frustrated expectation that the "mother" will eventually satisfy the omnipotent claims of infancy.

Third, in children who did not experience good enough mothering, two qualities of their relations are apt to be coercion and clinging. "This phenomenon may be in some cases a reflection of the fact that the child has split the object world more permanently than is optimal into 'good' and 'bad.' By means of this splitting, the 'good' object is defended against the derivatives of the aggressive drive."³⁶ As Bill W. pointed out, when individuals are not able to accomplish the tasks of learning how to grow up and stand on their own two feet, the tasks of learning how to walk, their relationships are characterized by intense dependence and grandiose demandingness.

The dependence reflects the unrealistic object relations with the "mother" of the child's unrelenquished omnipotence. This is the mother that the child no longer naively introjects, but sees as withholding the power with which to be secure. This is the "dangerous 'mother after separation,' in whose omnipotence some of these children still appeared to believe, although they felt that their mothers no longer let them share in her magic powers. . . ."³⁷ The search for "magic power" from others, or substances, may

³⁶ Mahler et al., 108.

³⁷ Ibid., 118.

become a life-long dependency.

The demandingness reflects the equally unrealistic object relations with the "bad" mother, Perls' dybbuk, and the oppressive conviction that the same badness is true of the self. Hostility to others in the form of blaming and resentment, and to oneself in the form of guilt and shame, characterize these relations. Coercion replaces cooperation and patience. Until the dybbuk is confronted and the identity with it is broken, such individuals will continue to find themselves surrounded by frustrating and thoughtless people, and filled with a sense of their own failed perfectionism. Serious personality disorders can be described in this way: "These two mechanisms--coercion and splitting of the object world--if excessive, are also characteristic of most cases of adult borderline transference. . . ." ³⁸ Here Mahler recognizes that there is a spectrum of disturbance, one presumes from mild to "excessive." The implication, like that of Cermak, is that for some people these distortions may be personality disorders, for others, life-long traits. The correlation between these characteristics of poor object relations in infancy and the descriptions of adult dependency in the previous chapter is remarkable. The qualities of dependent relationships, as much as the predisposing factors of addiction, seem to be amply explained by these studies of child development.

Both Mahler and Winnicott explore another dynamic of these early months of development, a phenomenon that has to do with the child's ability to move from his or her mother into the unknown world. This phenomenon refers to a special class of object relations which represents the child's

³⁸ Ibid., 108.

courage and trust needed for hatching. This source of security is identified with the "transitional objects," and it was Winnicott who first articulated their meaning.

Transitional Objects

To stand on its own two feet, the infant must learn to explore, to choose to be alone. In the earliest experiences, as mentioned above, the child holds the illusion that it and the mother are one, that its mother is an extension of its own self. Winnicott suggests, then, that the first experiences of being alone is "that of being alone, as an infant and small child, in the presence of mother."³⁹

Winnicott was interested in the child's behavior when it seemed to be completely absorbed in a world of deep personal meaning, a world in which the child manipulated the external things with a meaning given by the child; in a word, the experience of play. Winnicott felt that the capacity for such play, by no means a frivolous endeavor, was made possible by the child's possession of a good maternal inner relation. By this, he meant a relation that could bear the strain of frustration, one with a mother that would not be gone too long, or would not insist on her objective reality prematurely.⁴⁰ With such confidence, the child was free to find satisfaction in its environment, rather than being preoccupied with unreliable parenting.

The realm of play Winnicott calls "transitional space;" the source of security which the child carries with it into the world, a symbolic represen-

³⁹ Winnicott, Maturational Processes, 30.

⁴⁰ D.W. Winnicott, Playing and Reality (New York: Basic, 1971), 97.

tation of the good mother, is the "transitional object."⁴¹ These objects are not simply a mental phenomena, as are the objects of people in the child's world, which are mental constructs.⁴² They are both internal and external, having a concrete representation in the shared external world. These objects are commonly teddy bears, bits of cloth or other toys that the child finds important. Winnicott describes their qualities as being the exclusive property of the child, capable of withstanding love and aggression, unchanging--unless changed by the infant, invested by the infant with its special value, yet necessarily a thing outside the child. Winnicott concludes his description of a transitional object by saying:

Its fate is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not 'go outside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have been spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field.⁴³

Having explained the transformation of the feeling for this beloved object into a general positive interest in one's shared environment, Winnicott concludes; "At this point my subject widens out into that of play, and of artistic creativity and appreciation, and of religious feeling, and of dreaming, and also of fetishism, lying and stealing, the origin and loss of affectionate

⁴¹ Winnicott, "Transitional Objects," 90-1.

⁴² Ibid., 91.

⁴³ Ibid.

feeling, drug addiction, the talisman of obsessional rituals, etc."⁴⁴

This transitional object unfolds from a relationship with a good enough mother and comes to be "more important than the mother, an almost inseparable part of the infant."⁴⁵ It is the child's first creation, and yet also the first "not-me" object.⁴⁶ It establishes the secure bridge from infantile narcissism to self-confident exploration of the world. To fail in creating this bridge means that meaning will come magically, privately, by way of fetish, addiction, obsession some other isolating realm of meaning.

At a time when the child's inner world is still normally one of magic, of infantile omnipotence, and its outer world is moving beyond its control in frightening ways (as the mother begins to demonstrate independent reality), the transitional object is "never under magical control like the internal object, nor is it outside control as the real mother."⁴⁷ It is by virtue of the transitional object that the child emerges from infant omnipotence to enter into the shared world of society, as it gives up magic and accepts the limits of its power.⁴⁸

It is important to note that the transitional object is not missing in children with deeply chaotic parenting, rather it is simply meaningless. "After a persistence of failure of the external object (the mother in fact) the

⁴⁴ Ibid.

⁴⁵ Ibid., 92.

⁴⁶ Ibid., 89.

⁴⁷ Ibid.

⁴⁸ Ibid., 95

internal object (the introjected mother) fails to have meaning to the infant, and then, and then only, does the transitional object become meaningless too."⁴⁹ It is the good enough mothering that makes the transitional object a powerful tool for learning to stand on one's own feet in a world that is not, then, entirely strange, unsympathetic or even hostile.

For children whose parenting was more effective, the capacity for using the transitional object occurs, but the object functions in a limited way, and does not offer a gateway to full independence.⁵⁰ Winnicott compares the use of fuzzy preferred possessions by two boys. The oldest used his rabbit to "comfort" himself, but it never replaced his close attachment to his mother. His younger brother developed an attachment to a bit of cloth. "This was not a 'comforter' as in the case of the depressive older brother, but a 'soother.' It was a sedative which always worked."⁵¹ In other words, while the older boy's rabbit eased the pain of separation from his mother, the younger child's blanket end replaced her presence so she was not missed during his early explorations, affirming the younger child's growing independence.

Winnicott sees the function of the transitional object as unique among object relations, for it is the entry-way into "an intermediate area of experience."⁵² This intermediate area is the realm of play, of creativity and of fantasy. It is "the area that is allowed the infant [and the adult] between

⁴⁹ Ibid., 94.

⁵⁰ Winnicott, "Transitional Objects," 50.

⁵¹ Ibid., 93.

⁵² Ibid., 96.

primary creativity [or narcissism] and objective perception based on reality testing."⁵³ It is a lifelong personal area which people share with one another by convention, that being that each is free to define this realm in personal ways, to hold it as precious, and to share it when it holds common features with others.

Don Browning, in his book The Moral Context of Pastoral Care, makes reference to a realm similar to the transitional space, which he calls the liminal phase. It is, "the phase of transition, of being in transit from one state to another state. Here the subject and other participants in the ritual enter into a kind of utopian equality. Former roles, commitments, and values are abandoned and an aura of innocence and rebirth permeates the ritual context."⁵⁴ Among other associations, Browning equates this liminal phase with the experiences of Buber's "I-Thou" relationship, Bultmann's "existential moment," the Pauline-Lutheran understanding of justification by faith, or mystical experiences in which ordinary consciousness is set aside.⁵⁵

To be excluded from this realm is to find meaning either in magic (psychologically or ritually) or some rigid structure such as religious law, but not in a freeing encounter with change.

According to Winnicott, this realm exists among adults only by common assent:

Should an adult make claims on us for our acceptance of the objectivity of

⁵³ Ibid., 95.

⁵⁴ Don Browning, The Moral Context of Pastoral Care (Philadelphia: Westminster, 1976), 34.

⁵⁵ Ibid., 35.

his subjective phenomena we discern or diagnose madness. If, however, the adult can manage to enjoy the personal intermediate area without making claims, then we can acknowledge our own corresponding intermediate areas, and are pleased to find overlapping, that is to say, common experience between members of a group in art or religion or philosophy.⁵⁶

The development and function of transitional objects casts light on the process of the second and third step, illustrating the power of those steps to help people find freedom from addiction. It illustrates the wisdom of the phrase "God as we understood Him." However, before proceeding to research on addiction and object relations theory, Winnicott's understanding of the diffusion of this object into the "whole cultural field" must be explored.

Winnicott observes that the use of an object by someone implies the capacity for its use has developed.⁵⁷ This capacity develops after the object itself has formed. While the statement seems self-evident, Winnicott sees a rather complex matter of human growth:

In the sequence one can say that first there is object-relating, then in the end there is object-use; in between, however, is the most difficult thing, perhaps, in human development; or the most irksome of all the early failures that come for mending. This thing that there is in between relating and use is the subject's placing of the object outside that area of the subject's omnipotence control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. This change (from relating to usage) means that the subject destroys the object.⁵⁸

This destruction of the transitional object, or putting it outside the self,

⁵⁶ Winnicott, "Transitional Objects," 96.

⁵⁷ Winnicott, Playing and Reality, 89.

⁵⁸ Ibid.

recalls to mind the analysis of AA, "first of all we had to quit playing God."⁵⁹ Ernest Kurtz, who reminds alcoholics that they are "not-God," makes that phrase the title of his book on AA. ("Every alcoholic's problem had *first* been, according to this insight, claiming God-like powers, especially that of *control*."⁶⁰ This playing God is the result of failing to destroy the object as it exists within the subjective experience of the individual. Its destruction is what yields a meaningful transitional object:

From now on the subject says: "Hullo object!" "I have destroyed you." "I love you." "You have value for me because of your survival of my destruction of you." "While I am loving you I am all the time destroying you in (unconscious) *fantasy*." Here fantasy begins for the individual. . . . In [this way] the object develops its own autonomy and life, and (if it survives) contributes-in to the subject, according to its own properties.⁶¹

The transitional object, if it is to become meaningful to the individual, is in for rough treatment. In the process of destruction, which is not necessarily a matter of angry violence, creates qualities of value that would not otherwise have occurred. Winnicott says, "There is no anger in the destruction of the object to which I am referring, though there could be joy at the object's survival."⁶² More precisely, the joy is in the power of the transitional object to undergo transformation, to meet the changing demands of the maturing child by matching emotional growth in the child with its own flexibility. Thus, just as an individual must permit his or her self-image to

⁵⁹ Alcoholics Anonymous, 62.

⁶⁰ Ernest Kurtz, Not-God: A History of Alcoholics Anonymous (Center City: Hazeldon, 1979), 3.

⁶¹ Winnicott, Playing and Reality, 90.

⁶² *Ibid.*, 93.

change, so must the comfortable teddy bear give way to more sophisticated sources of comfort.

However, this destruction can be delayed if inconsistent or persecutory mothering has caused undue defensiveness in the child. (Thus bad enough mothering can interfere with the normal processes of transitional phenomenon in two ways: it can render them meaningless from the start, or it can block their transformation from private, ultimately isolating meaning to shared meaning.)

This splitting prevents the kind of creative destruction the transitional object must undergo to become loved and meaningful. Splitting separates the child's world into good and bad objects, neither of which are whole or realistic, although this creates distortions which must ultimately be masked by denial, rationalization and further projection in adulthood.⁶³ Splitting is a defense against the anxiety of rejection and powerlessness. The idealized objects, which hold magical goodness, protect against the presumptively evil and punishing world. Thus, neither the idealized "mother," (or others generally), nor the narcissistic sense of self, nor the transitional object are ever subjected to the destruction that leads to establishment of the "reality principle."⁶⁴ The benefit of magic good remains. The cost is an impression of living in a world of equally magic evil.

Winnicott says: "It is generally understood that the reality principle involves the individual in anger and reactive destruction, but my thesis is

⁶³ David Krueger, "Neurotic Behavior and the Alcoholic," Encyclopedic Handbook of Alcoholism, eds. Mansell Pattison and Edward Kaufman (New York: Garden, 1982), 604.

⁶⁴ Winnicott, "Transitional Objects," 94.

that the destruction plays its part in making the reality, placing the object outside the self."⁶⁵ If we follow Winnicott, the anger is a defensive reaction to the projected "bad" mother, a protection from the real fear of being undone if the dangerous elements of the mother are permitted to merge with the idealized "good" mother. In a similar way, the child's self understanding remains split, and acknowledgment and reconciliation of this polarized sense of self is protected by angry defiance.

To sum up the consequences of a failure to receive good enough mothering (i.e., parenting), the individual is left with unresolved splitting of self and others. This means that the good/bad self-attitudes, which remain unreconciled, leave the person with grandiose and dependent modes of relating. Furthermore, the effect of splitting the mother touches all relationships, and people are felt to be magically powerful and possessing the ability to grant comfort and self-esteem, or they are seen as dangerous and cruel.

As for the transitional object, it remains either meaningless or undestroyed, in either case the potential for realistic self-care and self-esteem is limited. If it is meaningless, there will be no transitional space, no vitality in the cultural field, no play. If it is undestroyed, it remains within the self and condemns attempts at play to be a frustrating exercise in the "madness," as Winnicott puts it, of expecting others to validate a private reality.

While these are familiar characteristics of borderline personalities, they also characterize addictive attitudes. In fact, Winnicott states that addiction can be explained in terms of "regression to the early stage at which transitional phenomena are unchallenged"⁶⁶ The child, without the op-

⁶⁵ Winnicott, Playing and Reality, 91.

⁶⁶ Winnicott, "Transitional Objects," 97.

portunity to engage others with mutual satisfaction in the intermediate area made safe by an unmagical but soothing transitional object, remains isolated in a deep sense; unable to experience others in a realistic and reciprocal way, at the level of whimsy, spontaneity and play. The addictions, for such children when they enter adulthood, are what pass for play. The addictions may also become the realm of play for adults who feel themselves constricted by circumstance, and have not soothing transitional object to which to turn.

Whether these distortions of normal development emerge as "traits" or "character disorders," they offer useful insights about the potential origins of addiction.

Conclusion

Chapter 5 will apply object relations theory to the study of addiction. It will show how this theory suggests that all of the addictions have a common source in dependencies. Furthermore, the chapter will point out the need to discriminate between dependency types to afford recovering individuals appropriate care.

Transitional objects and the healthy development of the idea of God will be the subject of Chapter 6.

CHAPTER 5

Object Relations Theory and Addiction Studies

Introduction

Chapter 4 presented an overview of object relations theory, and concluded with a discussion of transitional objects, the symbolic representations formed in childhood that are a security-providing abstraction from experiences with "good enough mothering." In this chapter, I wish to outline the findings of research to addiction using the concepts of object relations theory. I will discuss studies that explain how addictions of various sorts which arise at various times in adulthood are seen to reflect similar basic phenomena. Finally, I will discuss the implications of an inadequate transitional object, and how that affects self-care in adulthood.

Splitting and the Development of Addiction

This section deals with the dynamics of splitting and object relations to describe patterns in alcoholism, and how addiction specialists have used object relations theory to identify the patient's needs for healing.

Among researchers and authors who use the object relations model there is agreement that addictions and character disorders exist in a continuum of pathology.¹ One author flatly states: "Alcohol addiction, along with

¹ Otto Kernberg, Borderline Conditions and Pathological Narcissism (New York: Aronson, 1985), 19; John Armstrong, "The Search for the Alcoholic Personality," Annals of the American Academy of Political and Social Science 315 (1958): 43; Peter Hartocollis, "Borderline Syndrome and Alcoholism," Encyclopedic Handbook of Alcoholism, eds. Mansell Pattison and Edward Kaufman (New York: Garden, 1982), 630.

other drug addiction, constitutes a borderline condition psychiatrically."² These studies accept the theory that distortions from early experiences of inadequate parenting, or chaotic family life for whatever reason, explain the phenomena common to addicted persons.

One study found the most common variable in parenting among subjects that became alcoholic was an "alternating" style of mothering. They wrote, "An *alternating* mother would, at times, smother her child with kisses, compliment him extravagantly, take care of his needs with great concern, and speak of him with pride. At other times, however, she responded with extreme rejection, neglect, denial of his worth, and other evidences of profound dislike."³ That is a good description of the failure to provide what Winnicott calls "good enough mothering." It is also fair to note that every parenting situation is fraught with alternations: praise and limit-setting, indulgence and discipline, warmth and frustration.

These alternations are inevitable in every family to some degree, and reflect Mahler's observation that integrating early defense mechanisms is a life-long task. One might assume, with sufficient provocation, that these unfinished conflicts may always be available to foster unhealthy dependencies.

From this one might assume a broad consensus about the nature of addiction and the "personality" of the alcoholic. That is not true. A variety of studies deny an identifiable "alcoholic personality."⁴ One study discovered

² Hartocollis, 631.

³ William McCord, and Joan McCord, with Jon Gudeman, Origins of Alcoholism (Stanford: Stanford Univ. Press, 1960), 57.

⁴ Harvey Skinner and Douglas Jackson, "Alcoholic Personality Types: Identification and Correlates," Journal of Abnormal Psychology 83 (1976): 658.

eight different personality types among 282 hospitalized alcoholics.⁵ The study concludes, "Certainly, the most important finding in this study is that there are many distinct types of alcoholic patients widely differing in personality and psychopathology."⁶ Another article states that alcoholism should be seen as a "spectrum disorder in which at one pole of the problem behavior disturbances are paramount, and at the other pole affect disturbances loom large."⁷

Given the variety of characteristics which alcoholics present, how can a fundamentally similar etiology be assumed? The question is answered by Herbert Barry in his article, "A Psychological Perspective on Development of Alcoholism."⁸ He points out that the depth of splitting, reflected in the phrase "pathological progression," determines whether the quality of the alcoholic's problem is affective or behavioral; and the direction of aggression, whether it is directed within or without, determines degrees of passivity or hostility.⁹ Barry identifies nine distinct drinking patterns or types of alco-

⁵ Ibid., 660-62.

⁶ Ibid., 665.

⁷ Edward Khantzian, "Psychopathology, Psychodynamics and Alcoholism," Encyclopedic Handbook of Alcoholism, eds. Mansell Pattison and Edward Kaufman (New York: Garden, 1982), 593.

⁸ Herbert Barry, "A Psychological Perspective on Development of Alcoholism," Encyclopedic Handbook of Alcoholism, eds. Mansell Pattison and Edward Kaufman (New York: Garden, 1982), 529-39.

⁹ Ibid., 536.

holic on the basis of these dimensions. His dimensions reflect similar categories of hostility and passiveness, affect disorder and behavioral disturbance as do those of the hospital study mentioned above. Thus, by considering the depth of splitting, and the degree to which projection or introjection is reflected in the personality, all the variety of manifestations of addiction may be described.

Many studies about the dynamics of addiction have been written from the object relations perspective. They use object relations to explain both the grandiose and passive characteristics among addicted people.

Alcoholics have "massive passive-dependent wishes, a need to control the need-fulfilling object, and rage when this is thwarted. . . .The alcoholic . . . forms shaky object relationships, and is easily thrown off his balance when there is a clash of interest with the love object. The alcoholic withdraws into solitary narcissism, which makes him feel the center of every attention, but forsaken and miserable. . . ."10 Dependency, fear and manipulation, hostility, isolation. Any yet in that isolation, powerful identifications with the unrealistic "good mother" can also occur, what the same author calls "intoxicated grandiose states of involvement in archaic object relations."11

Regression is inevitable under such conditions. Unable to live comfortably in the world of shared, and realistically ambivalent experiences, one must retreat within. Ultimately, the warmth of alcohol is discovered, with its power to distance the drinker from the external world. The alcoholic-in-

¹⁰ James Gustafson, "The Mirror Transference in the Psychoanalytic Psychotherapy of Alcoholism: A Case Report," International Journal of Psychoanalytic Psychotherapy 5 (1976): 66-7.

¹¹ Ibid., 68.

training has discovered "the use of alcoholic intoxication in order to achieve a state of 'harmony' with archaic objects."¹² This return to infantile narcissism offers temporary relief from the pressures of objective reality, but at the cost of a world that is once again re-lived as the "bad mother."

Such is the interior world of the person who carries object relations and self-attitudes within which are polarized into good and bad. One author talks about the way archaic objects express themselves when they are projected on to others. Reflecting on the patterns of relations which emerge between a treatment team and recovering individuals, Henry Krystal notes:

It has been my observation that when highly ambivalent patients have a therapeutic team available, they will use it for the purpose of "splitting" their transferences. In this way they experience their angry and destructive wishes toward one member of the team while presenting a basically loving relationship toward another, preferably the chief therapist.¹³

It is not altogether arbitrary to seek to bond with the authority figure and vent the inevitable frustration and pain with some other particular person, but what Krystal is pointing to is a fixed and exaggerated position with regard to these persons. These attitudes pre-existed the relationship, entering new relations through projection. These attitudes are characteristic of persons with split object relations. This observation sheds some light on what it might be like to be married to a person whose relations are typically resentful or ingratiating, and especially, as is usually the case, to live with someone who is both by turns.

¹² Ibid.

¹³ Henry Krystal, "Self- and Object-Representation in Alcoholism and Other Drug-dependence: Implications for Therapy," National Institute of Drug Abuse Research Monograph Series 12 (1977): 89.

Object Relations Model of Addiction

From the dynamics of splitting and introjection/projection it is possible to create a schematic representation of the various modes of relating that such a personality might present. My three-fold analysis is similar to that of Howard Blane, in which he identifies his three types as "over-dependent, dependent-independent and counterdependent."¹⁴ His perspective is that there is a clear difference between dependent behaviors, which not all alcoholics manifest, and dependent wishes, which are inevitably present in the addiction. He states, "The crucial factor is the way in which the alcoholic solves the conflict over dependent wishes."¹⁵ His terms serve to reinforce the inevitable presence of dependency needs.

My contribution is to identify the core nature of the dependency and place it within object relations theory. This is not an attempt at yet another "Personality of the Alcoholic" study. I prefer the designation "pattern" or "dimension" rather than "type," or "personality." I have seen unanticipated changes in the way people see themselves and other, changes that happen in a remarkably short time. It is an important element of the healing environment, that recovering people are given the freedom to change dramatically. For this reason, I have often referred to Cermak's reminder that the patterns of dysfunction can often be seen as "traits" rather than character disorders.

The value of this analysis is to help identify an appropriate supportive intervention. Each of the three dimensions represents an unmet task of

¹⁴ Howard Blane, The Personality of the Alcoholic, (New York: Harper & Row, 1968), 15-20.

¹⁵ Ibid., 15.

maturity, and each can be characterized by developmental task that has not been successfully accomplished. The ability to place an individual within one of these categories provides clues about the sort of relationship that might be anticipated with such a person, and offers some expectations about the form that their theology might take.

Three basic patterns seem best identified as "merely dependent," "manic/depressive," and "paranoid."

3 Fundamental Addiction Patterns

<u>Pattern</u>	<u>Self-attitudes</u>	<u>Other-attitudes</u>	<u>Transitional Object</u>
Merely dependent	Bad	Good	undervalued
Manic/depressive	Good Bad	Good Bad	unrenounced image
Paranoid	Good	Bad	meaningless

The merely dependent pattern is identified as "overdependent" in Blane's nomenclature. Co-dependent persons, such as spouses of alcoholics, belong to this category, if they have given up attempting to control or change others in their search for self-worth. That implies that they have surrendered the attempt to control others, (to assert lingering narcissistic demands); a surrender which, for the co-dependent, is much like the surrender of the alcoholic to his inability to stop drinking by himself.

This category includes recovering alcoholics who have established their ability to maintain sobriety for a length of time, although they still may be subject to regressive use of alcohol or drugs; "slips," which interrupt their periods of abstinence. (A drinking alcoholic must be considered less well adjusted than the criterion of this category, as shall be explained below.) This, then, usually includes the category of hospitalized alcoholics

whose detoxification period is over; the persons with whom second and third step interventions are done.

Co-dependent persons have yet to heal the object relations splits that leave the impression of an ideal mother, or other person, to whom one must defer and from whom one can expect satisfaction and sources of self-esteem. In fact, that is the paradox of these persons, they seek self-esteem from some other person, and feel that they are at fault when the attempt fails. They are the ones who manifest affective distortions. Their emotions still reflect a nostalgic longing for the good mother. In other words, they are not yet individuated. They can walk on their own, but they feel badly about it. As one adult child of an alcoholic told me, "one drop of guilt can spoil a gallon of satisfaction." This points to an important pastoral understanding, for these people guilt has limited moral meaning. The nature of guilt is to discriminate behaviors that need to be brought in line with those of community or religious expectation. But when guilt is diffuse, "I feel guilty for being an adult," it has no moral significance, its meaning is psychological. Interpretations that include "badness" on the part of the individual are of no help, they only further affirm the object relations split. The focus of pastoral intervention for these people is on "wholeness" rather than "perfection." For this group of persons, co-dependents and dry alcoholics, psychotherapy is a powerful tool.

Yet the relationship of the individual to God should not be abandoned to psychology, this is an acknowledgment of tools, not a reductionism of spiritual needs to psychological needs. These people need to understand the spiritual tools for healing in the context of relationships, which includes their acceptance into wholeness in the context of faith. The pastoral task with this group of people is the "discovery" of Paul Tillich's phrase, "accept that you

are accepted."

In the merely dependent dimension transitional space is obscured by the shadow of their "bad" introjections and obsessive need for other's approval. They have a limited ability to "play," in all of its spiritual, emotional and recreational forms. For these people, the sanealogue which I described earlier offers a new clarity about the value and power of their freedom to play, in its broadest sense. During the conversation, we create the liminal phase, the opportunity to "enter into a kind of utopian equality. Former roles, commitments, and values are abandoned and an aura of innocence and rebirth permeates the ritual context."¹⁶

Finally, this group of people, including both co-dependents and dry alcoholics, are at risk for abusive drinking until their dependency needs are reduced by moving their split internal objects into better harmony. If not drinking or drug dependencies, then food, sex or relationships, work, or any of the other external "good" objects will always exert an unusually-powerful illusive promise of providing self-esteem. Until intervention happens, not only through psychotherapy and pastoral care, but sometimes through life changes or crises which compel an experience of liminal time, these people will remain stable in their dependency needs, possibly because this culture places such a high value on possessions, "helping behavior," and other external sources of self-esteem. However, drinking or prolonged relationships with a drinking significant other, can foster a deterioration to the manic/depressive position.

My interventions with these people are characterized in the explo-

¹⁶ Browning, 34.

rations of what steps two and three mean to them, and the nature and implications of their "sanealogues." These steps solidify development from manic/depressive shifts by establishing a "higher Power" that is known from within, but is not themselves. Thus grandiosity finds its solution in an affirmation, following a deep and broad understanding of step one's powerlessness, that "I am not-God." At the same time the pain of dependence is relieved by the understanding that this source of wisdom and understanding is found within. Self-esteem is no longer sought in the environment or expected to be granted by others, it is discovering in liminal time, in the sharing of an inner world into which others may be invited as "playmates" or equals.

The person experiencing the manic/depressive pattern has not yet "destroyed" the transitional object. Winnicott points out that such persons establish their comfort by magic to some degree. That magic is not entirely externalized, the individual feels he or she has powers, although they are illusory, the remnant of childhood narcissism. This leads to "intoxicated grandiose states of involvement in archaic object relations."¹⁷ These archaic object relations are not felt as memories, fond or not, of childhood. They have a numinous quality. They feel like a relation with God. Merle Jordan writes, "Fixation on an internalized parental image operating as a false ultimate authority in the human psyche leads to idolatry."¹⁸ Howard Clinebell puts it another way, "During the narcissism of active alcoholism, [the alcoholic] had become his own mother, his own god."¹⁹ As a result,

¹⁷ Gustafson, 68.

¹⁸ Jordan, 27.

¹⁹ Clinebell, "Philosophical-Religious Factors," 486.

when things go good, they go very, very good; and when they go bad, they go awful.

The reason is that archaic object relations include unintegrated good and bad introjects. When a person is involved with one that seems good, then he, God, and the environment share that goodness. But if that illusion is broken, a more realistic impression is not the result. Instead, the shift is to other archaic object relations, these with the quality of badness. He and all else will appear to be bad. It is the power of drugs and alcohol to place a person under the influence of these archaic object relations that explains AA's insistence on total abstinence. (While the same dynamics, described below as "dry drunk" syndrome, may occur while the recovering individual is not drinking, intoxication invites a deep identification with the earliest unresolved conflicts of inner relationships, and so reignites the power of denial and isolation. Once actively drinking, a person usually must face another destructive crisis of "hitting bottom" before they are willing to once again surrender to the fearful process of confronting how distorted these unrealistic impressions truly are.)

Unfortunately, the reidentification with archaic object relations is not just true for states of intoxication, for AA members talk about "the Committee," the arguing thoughts and impressions, contradictory and ambivalent, from which drinking is meant to provide a refuge. This ambivalence, which occurs during abstinence as well as drinking, reflects the quality of mothering mentioned earlier that swings from indulgence to rejection. Therefore, the characterization of "manic/depressive" also characterizes what is called

the "dry drunk," the identification with archaic object relations during periods of abstinence. These regressive periods, characterized as "sober unmanageability," reflect a relapse from "powerlessness" and a renewal of fusion of self-attitudes with the transitional phenomenon.

Since they are still identified with their transitional objects, whether drinking or not, these people have inevitably idiosyncratic ideas about the nature of satisfaction and play. For them, the transitional space is found in intoxication, which means that the healing space is the destructive space. This is true for two reasons: (1) the intoxication leads to familiar social tensions; and (2) because the nature of the physiological change due to physical addiction introduces both compulsive use and health problems. It is here that the "illness" of alcoholism is clearly a mental, spiritual and physical disease.

While the dependent dimension manifests affect problems, it is most helpful to see manic/depressive alcoholics as persons with behavioral problems. The primary behavioral problem is their drinking and/or drug use. Since each bout of drinking involves another regression into relations with archaic objects and the remnants of infantile narcissism, the discipline and commitment needed for psychotherapy are difficult to establish. One group, working with adolescents, states that interpretation with people in the manic/depressive pattern is not helpful because "psychotherapy presupposes some ability to maintain reasonably stable object relationships."²⁰

The meaning of abstinence is discussed at length in the article "Abstinence from Alcohol in Long-term Individual Psychotherapy with Alco-

²⁰ F. Amini and S. Salasnek, "Adolescent Drug Abuse: Search for a Treatment Model," Comprehensive Psychiatry 16 (1975): 383.

holics."²¹ While the meaning of drinking is interpreted in terms of object relations and transitional phenomenon (although they are not distinguished from one another, to the confusion of the analysis), the importance of "admitting powerlessness" is barely acknowledged. It is this admission which fosters the dis-identification with the transitional object in which one renounces the remnants of infantile narcissistic omnipotence, and moves from manic/depressive attitudes and grandiose/self-abandonment behaviors, to the dependent position; the position which fosters the transference neurosis that enables psychotherapies to be effective. In the hospital setting, educational guidance encourages the admission of powerlessness by reframing the experience of disidentification from one of personal failure and shame (the illusory alternatives to narcissism), to illness and the quest for health.

Co-dependents, the spouse who may even be a nondrinker, are also reflective of this personality pattern. While their obsession might not be with, or at least exclusively with, chemicals; they may find solace in food, other comforts or in the frustrating illusions of control. Until they, too, admit their powerlessness they are prone to grandiose illusions and depression.

Step 1 characterizes the nature of interventions with these individuals, enabling them to acknowledge limits of their personal power for either grandiose gratifications or despair.

The manic/depressive pattern is the least stable of the three, although all three dimensions can and do become lifelong patterns. Denial, minimization, rationalization and identification with the transitional phenomenon

²¹ Lance Dodes, "Abstinence from Alcohol in Long-term Individual Psychotherapy with Alcoholics," American Journal of Psychotherapy 38, no. 2 (1984): 248-55.

mean growing isolation and pain. Emotionally, the individual finds less and less support in the environment. Even for the codependent persons who choose to fuse with the drinker and enter into the illness, the relationship becomes more and more a parallel process of two distant individuals seeking illusory and self-referential secondary gains rather than an open and nurturant mutual relationship. (In fact, this style of relating will decay into the paranoid style over time.)

Physically, for both the addicted person and the co-dependent person,²² deterioration of physical health will also create pressures that move them from the manic/depressive position either to mere dependency, if the crisis is handled well, or paranoia and institutionalization. This group of people is identified with their experience of the transitional phenomena, so that vestiges of the infant narcissism remain. While this means that magic feelings of powerfulness alternate with despair, the capacity for entering transitional space is available. The distortion, with its addictive power, is that the transitional space is available only, or at least primarily, by use of drugs (or other objects of power, such as money, control of others, possessions or sex.) For these people, the reference to "sanity" in step two may be obscure, but they will have memories of self-esteem whose source is not a matter of addiction or obsession.

The interventions with manic/depressive people are similar to the meeting described above with the man "addicted" to his wife. These are situations in which the first step is stretched to include surrender of any vestige of the transitional need that is attached to a particular substance or hu-

²² Medical Aspects of Co-dependency, with Max Scheider, FMS, 1986.

man relationship. The "deflation at depth" discussed in the Introduction and first identified by Harry Tiebout,²³ refers precisely to this disidentification of the individual with the introjected transitional object.

The third pattern of addicted person is "paranoid." This is the person who is institutionalized. At this point it is important to clarify two sometimes-confusing phenomena. First, paranoid people are not necessarily imprisoned criminals, people who are hospitalized or street people. This pattern is not incompatible with superficial signs of success. Professionals of all sorts can manifest the attitudes of paranoid persons, the deep conviction that "I am ok, you're not." (Frank Harris, in I'm OK--You're OK, diagnoses this position as a result of "stroking deprivation."²⁴ Winnicott stated that the first expression of maternal care is holding,²⁵ so the earliness and depth of this traumatic deprivation can be seen.) Second, although persons in this category are inevitably institutionalized, the institution need not be a prison or hospital. It can be a corporate institution, a religious institution, a political institution, in fact any network of human interactions in which structure replaces mutuality as the means of relating. Of course, this includes the institution of the family.

These people are "unhatched." Their first explorations into the world lead them to conclude that only danger existed outside themselves. Although their physical development and instinct to survive lead them to learn

²³ Harry M. Tiebout, "Alcoholics Anonymous-An Experiment of Nature," Quarterly Journal of Studies on Alcoholism 22 (1961): 65.

²⁴ Frank Harris, I'm OK--You're OK: A Practical Guide to Transactional Analysis (New York: Harper & Row, 1967), 49.

²⁵ Winnicott, Maturational Processes, 588.

how to walk on their own, they never came out of the "shell" of their infant narcissism. They did not experience enough holding to enliven an object which represents caring, the transitional object. For them, this innate potential remained meaningless. The experiences from which to form a transitional object simply did not occur for them in early childhood. A "Power greater than ourselves" has no effective meaning for them, although they may profess religious convictions. Nor did they develop the capacity to establish empathy. Unlike most addicted people who pass through the stage of "defiance" (identified by Vernon Johnson in I'll Quit Tomorrow),²⁶ their resistance to therapeutic limit-setting is not so much "I won't obey these rules or follow these suggestions," as it is, "They do not exist. They have no meaning." Only concrete, immediate outcomes will have an effect on behavior. They are motivated by the "economics" of benefit and consequence rather than cooperation and fairness.

For these people, since the dual processes of introjection and projection were traumatically fixed in the first experiences of life, their ability to predict other's reactions to their behaviors are severely limited. In situations of conflict, their style is characteristic of this pattern. They presume their transparent manipulations to be convincing, if they bother to attempt a manipulation at all. Often they will simply not anticipate a reaction from others. If they do, the assumption will be total agreement from others, or an assumption of persecutory motives. While the manic/depressive uses alcohol to replace the experience of transitional space, the paranoid person uses the addiction to replace people.²⁷

²⁶ Johnson, 80.

²⁷ See the section, "Addiction Studies and the Alcoholic Types," below.

Long-term residential therapy is usually required for paranoid persons, for they must be "held;" that is to say, a stable environment in which to hatch is needed. It must be characterized by clarity and consistency of rules and evenhanded promptness of feedback to be effective. Until intervention can occur, this pattern of perspective is quite stable. Remarkably, after an intervention does occur, people who gave the impression of needing long-term residential therapy show vast improvement.

Characteristic of my interventions with these people were the two telephone calls I had with a woman who was actively drinking. She complained about her relationship with her husband, about how the members of AA did not understand her, and about how she needed help but was not getting it. I observed, when I met her in person, that her eyes and skin were yellow from jaundice, and told her that I would help her enter a detoxification program whenever she would agree to go. She called me twice within a matter of weeks, both times wishing to talk about her marriage. Both times I told her that I cared about her, but I was not able to help her with her solve her emotional problems that day; however, I would take her to a medical facility right then if she was willing. Both times she refused. About a month after our second telephone conversation I heard that she had died of cirrhosis.

Another sort of intervention with people of this pattern was the counseling I did with dual-diagnosed addicts who were on parole. (Dual diagnosis refers to having both addiction and personality disorders which are clearly identified.) When I first met them I would tell them that I could teach them

how to stay out of jail. I did not present other treatment goals at that time. They usually inferred that I would help them avoid their parole officer and conditions of parole. The nature of our relationship would evolve as they discovered that I would not interfere with the legal process, but would stand with them through a series of parole revocations. Sometimes, after a number of attempts to "beat the system," they would develop an interest in what I had to teach.

Fortunately, these are not the only circumstances where people begin recovery with the paranoid pattern.

CASE STUDY: Quite recently a woman passed from the detoxification ward to the rehabilitation program with a reputation that preceded her. She was hostile, depressed, suicidal and scornful of the "religious" program of AA. The woman had entered the hospital through the Emergency Room, where she had been treated for a dangerous cocaine overdose. She was without friends and family to accompany her through the rehabilitation program. In our first conversation, she spoke longingly of the "wonderful quiet" she felt when she thought she had died from the overdose. She told me, "All I really want to do is go back to the peace of that in-between place when my heart stopped." After listening to her story, with her loneliness and failures, her distance from her family, I challenged her fantasy of death. "You talk about your fondness for death, but you called that peaceful place 'in-between,' and you know that's the truth. Your romance with death isn't too realistic because you didn't really die." We talked about her understanding of true death. She had some familiarity with Eastern philosophy, so we talked about the "bardo" experiences said to occur after death: confrontations with the attachments not resolved in life. She sighed with resignation, "I am romanticizing death. I have a lot to face."

By the time she left, this woman had reached out to her peers, had identified and deeply shared a wide range of feelings, and had decided that "the friendships I have found in AA" are a "Power greater" than herself. She is a vivid reminder to me of all the people who have entered the 28-day program that reflected the paranoid style of relating, who left manifesting a striking capacity for mutuality.

Understanding Addiction's Variety and Onset

Clearly, not only internal stresses due to unaccomplished development, but external stresses which are situational contribute to the time of onset and necessity of intervention. Studies have explored the nature of situational stresses in the development of addiction as a primary disease. One study explored opiate addiction among U.S. soldiers in Viet Nam.²⁸ It pointed out that this addiction "provides a dramatic illustration of how opportunity and trauma combine to make an individual receptive to addiction."²⁹ Another study suggests that for alcoholic women, the institution of marriage may be the precipitating factor.³⁰ These women tended to drink abusively later than essential alcoholic women in the study, and to progress from non-alcoholic into alcoholic drinking more rapidly than women who did not associate their alcoholism with their relationship to their partners.³¹

In The Origins of Alcoholism, the authors identify three general "triggering" situations that can cause adult onset of alcoholism.³² The first, and most benign, is "drinking as an attractive way of life."³³ This simply

²⁸ Catherine Treece and Edward Khantzian, "Psychodynamic Factors in the Development of Drug Dependence," Psychiatric Clinics of North America 9 (1986): 406.

²⁹ Ibid.

³⁰ Svein Vaglum and Per Vaglum, "Partner Relations and the Development of Alcoholism in Female Psychiatric Patients," Acta Psychiatry Scandanavia, 76 (1987): 504.

³¹ Ibid.

³² McCord and McCord, 157-62.

³³ Ibid., 157.

suggests that alcohol is, by its nature, physically addictive. However, as the author points out, this argument begs the issue of a prior disposition that might lead a person to seek out such a way of life. For the necessarily unpleasant effects of abusive drinking to lead to frank addiction, it must be assumed that some personality trait gives drinking an unusual attraction. Second, a person might be triggered by the frustration of a dependency in adulthood.³⁴ The women in the study mentioned above are candidates for this sort of slip into addiction. Finally, a person's self-image may sustain attack.³⁵ This suspected cause of alcoholism seems to fit the idea of the manic/depressive pattern, for the authors seem to be implying that pre-existing traits are triggered by the familiar set-backs of adulthood: "Because their hold on a self-image is so precarious, people like [this] react intensely to defeats."³⁶

The regressive nature of the addiction itself must be considered. With the physical and emotional progression of the illness, the nature of denial and other defense mechanisms becomes more primitive and less apt to be maintained by a co-dependent. If uninterrupted, the course of the illness will eventually yield the "I'm OK, You're not" position of the paranoid alcoholic. These individuals have, at one time, experienced hatching, but have apparently attempted to reenter their shells. In this way, some of the institutionalized alcoholics, who appear to have rather grave prognosis, respond unpredictably well to intervention and support. It is these

³⁴ Ibid., 159.

³⁵ Ibid., 160.

³⁶ Ibid., 161.

alcoholics, as AA has found in its prison groups and in the stories of people "back from the streets," who show the situational nature of addictions that appear to be essential.

Inevitably, each category is not neatly differentiated from the others. Alcoholics in recovery experience the whole range of impressions described here; and, of course, many individuals who never become addicted to drugs or alcohol reflect similar dynamics. The value of this model is to place the function of the transitional object in the perspective of a developmental model which explains the mechanisms of addiction.

A final observation is helpful before examining the meaning of transitional objects in addiction. A factor analysis study of addicted individuals suggests that there is a basic theme to the nature of all addictions:

Only 23 of our original sample of 398 members of AA failed to report other longstanding addictions and compulsions. Addiction is clearly a molar psychic problem, that is to say one which reflects a single fundamental dynamic, rather than a substance-specific medical disease.³⁷

In other words, all addictions reflect a single underlying dynamic. The study implies the wisdom of all the 12 step self-help groups that use the AA model for recovery from cocaine and narcotics addiction, alcohol addiction, food obsessions, sexual obsessions and other compulsive behaviors, including the relationship dependencies. The same object relations distortions are at the root of all of these regressive attempts to cope with developmental problems.

³⁷ Daniel Tuite and John Luiten, "16F Research into Addiction: Meta-analysis and Extension," International Journal of the Addictions 21 (1986): 318.

Addiction Studies and the Alcoholic Patterns

There are two perspectives among authors in the field of object relations and addiction. Some authors say that addiction is an attempt to replace object relations, that alcohol or drugs "replace" object relations.³⁸ Other authors state that alcoholism represents an attempt at self-medication to deal with the pain and stress of missing self-structures, or what is called "self-care deficits."³⁹ Clearly, these authors are looking at two different dimensions of addiction. The first, which I would identify as the paranoid pattern, has indeed replaced relationships with people with relationships to drugs and alcohol. The second, the manic/depressive pattern, has some success in establishing relationships with people, but their lingering narcissistic omnipotence and the failure to find full mutuality in the transitional space with others causes self-care deficits. The distinctions I am drawing are my own, these authors do not indicate that they consider themselves to be discussing subgroups of the addiction population. For that reason, I consider my differentiation to be useful, finding a way to correlate these observations, and even suggesting the sort of healing intervention needed for each subgroup.

There are indications that some authors are unaware of the distinc-

³⁸ June Blankenship Pugh, "My Love: The Story of an Addiction," Journal of Psychosocial Nursing in Mental Health Services 20, no. 30 (1982): 22; Ed Edelstein, "Elaborations on the Meaning of Repetitive Behavior in Drug Dependent Personalities," British Journal of Addiction 70, no. 4 (1975): 366-67; Amini and Salasnek, 383; Khantzian, 592.

³⁹ Barbara Nicholson and Catherine Treece, "Object Relations and Differential Treatment Response to Methadone Maintenance," Journal of Nervous and Mental Disease 169 (1981): 424; Treece and Khantzian, 403; Krueger, 603-4; Gustafson, 68.

tions between object relations and transitional object distortions. One author seems to confuse the two dynamics:

Some patients express a wish and fantasy of attaining a state of Nirvana through a fusion with the drug as an object substitute. However, because of the severe ambivalence toward the original parental object, the fantasy of fusion is both yearned for and dreaded, so that the drug effect can only be tolerated in readily terminable doses. In this view, the meaning of the drug as a transubstantiation of the longed-for object causes serious separation reactions from it.⁴⁰

Here the identification with the transitional object and the introjections of the parent are confused with one another. Nirvana is not a consideration for the alcoholic who is of the paranoid pattern, that is, who replaces object relations with drug use. For this person, there is no meaning for transitional space, of which Nirvana must be a prime example. While the argument that drug use "can only be tolerated in readily terminable doses" is hard to hold in view of the frequency of drug overdoses and suicide behaviors, the replacement of object relations by the use of drugs does, indeed, cause "serious separation reactions. . . ." That is why the paranoid persons must be held in stable and consistent environments until they have time to trust the continuity established there enough to "hatch," to "stand alone in the presence" of trusted others.

Another study also shows a misunderstanding of the difference between transitional objects and object relations. In this study the patients in the experimental group were given the subliminal message, "Mommy and I are one," while the patients in the control group were presented "People are walking."⁴¹ As anticipated, the study showed that the subliminal message

⁴⁰ Dodes, 250.

⁴¹ Robert Schurtman, Jay Palmatier, and Elaine Martin, "On the Activa-

lowered anxiety, increased self-concept and appeared to reduce alcoholic consumption after a 3-month follow-up.⁴² However, there was an interesting finding:

[I]t was the more severe alcoholics, judged from the quantity and frequency of alcohol consumption, who responded positively to the experimental stimulus. Just why the less symptomatic alcoholics failed to benefit from the experimental manipulation is by no means clear, though it may be that they were less motivated to pull themselves up by their bootstraps, so to speak, than their more symptomatic counterparts.⁴³

I have found no other study or author who suggests that more seriously-troubled drinkers respond better to treatment and are more motivated than their less affected fellow alcoholics. Generally speaking, quite the opposite is the case, less chronic drinkers usually respond better to treatment. What can explain this differential? It seems to me this characterizes the difference between paranoid patterned alcoholics and those of dependent characteristic. (Recall that the manic/depressive person is the least stable, generally manifesting dependent traits after detoxification.) For paranoid alcoholics, this subliminal message offers the soothing assurance needed as preparation for hatching. This is an affirmation that the narcissism is meaningful, and so the capacity for transitional relatedness could also emerge. For the person of the co-dependent pattern, this message might offer some

tion of Symbiotic Gratification Fantasies as an Aid in the Treatment of Alcoholics," International Journal of Addictions 17 (1982): 1157.

⁴² Ibid.

⁴³ Ibid., 1169.

temptation to find solace in the grandiose regression to the archaic object relations, (the manic good/good position), but for the recovering alcoholic who is past the first step crisis and for whom this identification is broken, the message "mommy and I are one," is a regression. This failure to differentiate between alcoholic patterns, based on their development through the stages of object relatedness, illustrates how well-meaning interventions can offer the "wrong" solutions for alcoholics of different dimensions.

A final study reflects on the nature of paranoid addicted persons. Studying questionnaire responses from two groups of military personnel, those considered to be "good" personnel, and "bad" personnel with personality disorders and addictions. The conclusion of this study was rather vivid:

None of the individuals with personality disorders gave evidence of ability for transitional relatedness in the present, and 84% gave no evidence of childhood transitional object usage. None of those with alcohol or drug abuse gave a history of childhood transitional object usage. . . . The comparison groups were in striking contrast: 93% of the "good" corpsmen and sailor groups gave evidence of transitional object usage in childhood and exhibited considerable ability for such relatedness in the present.⁴⁴

The statistics are striking, a clear confirmation of the association of the capacity for experiencing transitional objects with the capacity to relate effectively. The authors also suggest the importance of transitional object usage in resolving life problems. This study seems to confirm the dynamics underlying the paranoid addict or alcoholic.

⁴⁴ Paul Horton, J. William Louy, and Henry Coppolillo, "Personality Disorder and Transitional Relatedness," Archives of General Psychiatry 30 (1974): 620.

Conclusion

This chapter has presented findings from child development studies which cast light on the stages of pathological object relatedness reflected in the addictions. It has correlated those stages with three dimensions of addiction, and suggested that each dimension has unique needs and will require specific interventions. A review of the literature concerning object relations and addiction has shown the value, as well as the potential for misunderstanding, for this theory in addiction studies.

Chapter 6 will focus on the understanding that object relations theory provides for the developmental process of an individual's personal image of God. It outlines the normal process of development of the transitional object, and so provides the introduction to Chapter 7. In that chapter one expression of a mature and healing religious perspective is identified in process theology.

CHAPTER 6

Object Relations and God:

A Perspective on the Development of An Individual's Image of God

The idea of a single great god--an idea which must be recognized as a completely justified memory, . . . has a compulsive character: it *must* be believed.¹

Sigmund Freud

Introduction

With this quote Ana-Maria Rizzuto concludes her powerful book, The Birth of the Living God.² In the book she identifies the developmental process that fosters belief in God within the transitional space of the individual.

This chapter will examine the role in psychic integration that an individual's inner representation of God performs. In this chapter, a healthy pattern of development is offered as contrast to the pathological patterns reflected in dependency and addiction.

The Psychologist's God

In "The Psychological Roots of Self and Faith,"³ Ted Stein follows Riz-

¹ Sigmund Freud, "Moses and Monotheism: Three Essays," The Standard Edition of the Complete Psychological Works of Sigmund Freud, ed. James Strachey, vol. 23 (London: Hogarth, 1964), 130.

² Ana-Maria Rizzuto, The Birth of the Living God: A Psychoanalytic Study (Chicago: Univ. of Chicago Press, 1979).

³ Edward V. Stein, "The Psychological Roots of Self and Faith," Pacific Theological Review 18, no.1 (1984): 41-51.

zuto's study of the development of belief in God. He summed up her findings by saying, "God is a vehicle of psychic integration."⁴ From the previous chapter the importance of transicional space was shown in human development and adjustment. In this section we will investigate how a powerful abstraction, "God," comes to dwell in that space, and how that dweller can foster integration--or reflect identity disortion.

Review of Freud

Rizzuto outlines what she considers to be Freud's "implicit" object relations theory.⁵ She finds that he postulates two paths by which the idea of God enters our experience.

The first is the path of genetic memory. In this aspect of Freud's work is an implicit transpersonal psychology. There is something in the power of the image of God that demands an explanation beyond the limits of the individual psyche. Even while Freud rejects the idea of the supernatural, he finds the need to refer to transcendence beyond the limits of the individual psyche.

In his theory about the historical event that created the archaic "father representation," he speculates about the origins of God. His analysis of monotheism leads him to conclude that "the primal father [who was killed by his sons] whose mnemonic image was later transfigured into a deity"⁶ is the source of "God the Father." This mnemonic image comes to us through a

⁴ Ibid., 48.

⁵ Rizzuto, 24.

⁶ Ibid., 17.

"collective mind," and the "inheritance of psychic dispositions."⁷ In this concept of mnemonic image, Freud has postulated the idea that Jung will elaborate in his studies of the "archetype."

The second way the image of God evolves is from the "father in the flesh."⁸ "[The individual's] personal relation to God depends on his relation to his father in the flesh and oscillates and changes along with that relation."⁹ God, and the way the child relates to God, both emerge from the child's relation with his father.

Rizzuto points out how appropriate the masculine pronoun is in this case, for Freud's theory does not appear to explain the image of God for girls or women.¹⁰ Nor does it explain the emergence of an image of God within boys prior to the Oedipal crisis and its resolution.¹¹ The Oedipal crisis is when the son feels his challenge against his father most strongly. The boy's growing sense of self, and the fear of conflict with the more powerful father, both contribute to in the boy's image of God. But Freud's explanations of the origins of the God image have no footing in the quieter relations of the pre-Oedipal era.

Freud also discusses the origins of the devil. He describes the emergence of a devil from the familiar dynamic of splitting. Using the same

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid., 43.

¹¹ Ibid., 16.

language as for the formation of the concept of God, Freud says the devil reflects the male child's ambivalent attitude to the father in the flesh, as well as the fearful aspects of the mnemonic image of the primordial father.¹² It has been my observation that those patients with the most vivid experience of the devil are frequently of the paranoid type. They possess a particularly strong negative projection.

Rizzuto's Additions

Let me begin with Rizzuto's elaborations of the idea of the devil. She sees a progressive developmental process for these split negative objects as: monster, devil, hero, superhero.¹³ These objects are "modalities of fantasy; at times they have a sense of 'presence' and at others are used only as fictional characters."¹⁴ The monsters are the earliest representations which permit children relief, by splitting and projection, from personally accepting their own powerful negative feelings. "The monsters acquire gigantic proportions, not because they are adults representationally, but because they impersonate the greatly exaggerated and grandiose evil powers of the child."¹⁵ Unfortunately, while it takes good enough parenting to potentiate the transitional object that gives rise to God, any child can have monsters.

In one second step, the fellow asked me if I believed in the devil. I answered with an interested question about what the devil means to him. He told me a vivid story about the time that the devil, "looking at me with

¹² Rizzuto, 24, 31.

¹³ Ibid., 192.

¹⁴ Ibid.

¹⁵ Ibid., 193.

green eyes," assured him that he had lost his soul. His image of God was much more distant and much less powerful than his image of the devil. This man's quality of relating reflected the paranoid style. Such an adult will live with monsters, as the "devils" of adulthood; still-lingering vestiges of projected infant anger. The irony is that as adults these people still hold their childhood monsters because their parents did not have the time, or empathy, to accept the reality of the monsters their children told them about. Lacking a relationship on which to develop "basic trust," the child could only construe parental statements about monsters being "not real," as lies; reinforcing the "not good" nature of others.

The fictional projection becomes the "devil" for depressed and dependent people. (Although "the devil" might not be the term used to identify the object. For instance, it is common to hear in AA reference to "the Committee," which refers to a negative transitional object--the split "bad" personality.) These are people who have not had the opportunity to accept that the power of the monster as their own. Their parents did not have the capacity to accept the child's normal hostility without undue fear or anger in return. Here it is a representation of split object relations with authority figures; hostile feelings that occur within the context of some measure of trust. The person who speaks of the devil in this context refers to a culturally-defined phenomenon of conventional understanding; malignant but distant. That is markedly different from the devil that the paranoid man spoke to me about. For that man, the devil was present in the room.

As children develop the capacity to hold their own ambivalence consciously, monsters and perhaps the devil too, are understood more as "fictional characters."

Of heros and superheros, Rizzuto says:

The hero (and superhero) is a super-phallic, unisexual ideal, who counteracts the instinctual power of monsters and devils with his own super-phallic powers and special gifts. He is an embodiment of the healed narcissism, sublimated sadism, socially correct exhibitionism, and the vigorous extra-punative superego which may guide the child until the rumblings of the pre-adolescent years.¹⁶

Here super-phallic does not mean an intensification, but a transcendence. To put it in the logic of the last chapter, this is a move beyond the expectation that others will provide one's own self-esteem, the position of the dependent person. Like a hero, the individual who grows beyond dependence finds gratification in seeking and challenging the larger-than-life seeming problems of maturing. The strength that enables such a task, the heroic task of maturity, comes from integrating psychic energies, particularly hostility, that have been defended against by projection and splitting.

The same is true with the idea of an extra-punative superego. This is not a measure of intensity, but points to the transformation of the superego from one that attempts to hold in check, by fear and self-punishment, the grandiose ego; to one that fosters opportunities for developing competence and a sense of mastery by providing healthy, unexaggerated ego ideals. In other words, the hero or superhero of the latency period is the prototype of a wise and supportive and active God. It is a God that permits the unification of ambivalent feelings in an atmosphere of trust, acceptance and self-confidence. It is a God that encounters the world rather than judging it from afar.

At this point monsters and devils, heros and superheroes are differentiated into fantasies or culturally-accepted presences, but all hold the possibilities of meaning in elaborating one's self-understanding. In this way

¹⁶ Rizzuto, 192.

Paul Tillich was able to acknowledge that he did not know whether the devil had an objective existence or not, but was still able to claim that: "Every morning from seven til ten I live with the demons."¹⁷

The image of God is elaborated in the same way as that of the devil, though with a positive valence. (Here I might point out that a punishing God, a God of jealous anger, appears to be a transitional stage in the transitional object. It reflects the post-monster stage because the splitting is no longer absolute, for "God" has become complex enough to carry some of the hostility the individual projects. In a sense the jealous God portrays a stage of ambivalence about ambivalence. The devil is still needed to carry the most threatening of impulses, but the unification of feelings is beginning to emerge in a single transitional object.)

Rather than positing the emergence of the classical "God the Father" as a projection of the Oedipal stage, Rizzuto finds the idea of God first emerging between the ages of two and three.¹⁸

Since this is long before Oedipal or Electra conflicts, Rizzuto sees the God image as a participant in lifelong development. She presents a pattern for the elaboration of the God image which follows the lifecycle that Erik Erikson developed.¹⁹ She writes, "[God] is an object-related representational process marked by the emotional configuration of the individual prevailing at the moment he forms the representation--at any developmental stage."²⁰

¹⁷ Rollo May, Paulus: Reminiscences of a Friendship (New York: Harper & Row, 1973), 76.

¹⁸ Rizzuto, 178.

¹⁹ *Ibid.*, 206-7.

²⁰ *Ibid.*, 44.

As the needs, the maturity and the environmental factors of the individual change, so does God. That is due to the role that God plays in the psyche. Belief is "usually ego-syntonic"²¹ according to Rizzuto, and so provides a consolidation of a person's feelings, self-attitudes, needs; a specific, if symbolic, expression of the maturational challenge of the current time. In this context she describes conversion, which is the paradigm for recovery:

In short, I understand conversion to be the ego-syntonic release from repression in a given individual of an earlier (or even present) parental representation linked to a God representation. The dynamic process of keeping one's own sense of self in balance, and the recognition of the affectual connectedness of the God representation and the present self-representation give the experience an "overwhelming" sense of reality and "a rapture of devotion to God" ensues. We call it conversion.²²

As might be expected, there are addicted persons whose parental images are largely negative. The conversion, for them, is to experience their parents as "not-God," and to experience God as "not-parent." In such a case an accepting God fosters balance and is ego-syntonic by permitting the conscious acceptance of ambivalent feelings toward the parents.

Closely associated with the effect of psychic integration is the foundation of basic trust. Rizzuto associates Winnicott's idea of good enough mothering with Erikson's theory about the emergence of a child's basic trust.²³ Basic trust refers to the child's ability to accept the mother's reflection of it-

²¹ Ibid., 49.

²² Ibid., 51-2.

²³ Ibid., 186.

self as lovingly realistic. The establishment of basic trust is also prior to the Oedipal crisis, once again placing the evolution of God earlier than Freud's theory would suggest.

This basic trust is engendered by the parenting adult by mirroring the child back to itself in interest and love. Rizzuto summarizes this process:

As Winnicott says, the eyes of the mother, and the entire face of the mother, are the child's first mirror. later on, the experience is used directly in the first representation of God, whose mirroring function, interestingly enough, echoes the biblical account of man's creation: So God created man in his own image, in the image of God created he man." (Genesis 1:27). . . . If, however, the mirroring experience has not sufficed to assure the child that for his mother he is a wonderful creature, the individual may suffer partial arrest of his development and remain fixated at a narcissistic need for psychic mirroring as well as to an actual need for mirrors. Bewilderment, narcissistic rage, vengeful grandiose wishes (hidden in fantasy or enacted in adaptive or maladaptive behavior), and identification with God are the common adaptational reactions to make the painful state of not being mirrored as oneself tolerable.²⁴

Rizzuto speaks of the need for such people to move through their object relations with their "mother," the parenting adults of both sexes, to discover who God is for the child. The child's splitting must be healed, the childhood anger accepted, the ambivalences experienced, for "to create a God that is not oneself, the child [or adult] has to pass through the glass of the mirror to where the real mother dwells."²⁵ Passing through the mirror, reminiscent of Alice's journey into Wonderland, is the adventure of the hero and heroine, it is to venture into the transitional realm. Only those who have found a measure of trust in themselves and those who accompany them will

²⁴ Rizzuto, 186.

²⁵ Ibid., 187.

risk such a trip.

Implicit in the discussion thus far is a developmental pattern for the pattern of God images. Just as the negative fantasy representation of devil or monster undergoes transformations as the individual moves beyond narcissism, splitting and projection, so, too, the image of God changes. First is the God of the "good enough mother," the need-satisfying God whose anger is purged by the process of splitting. Of course, this is for children who have been given good enough parenting. For others, fixated at the earliest developmental stage, there exists only themselves and the monsters.

Next is the God of love and wrath. While this God carries the dangerous emotions of parents and other authority figures, the devil carries the projected anger and inclination to act out of the child (or immature adult), in the face of frustration. When these object relations are "destroyed," in Winnicott's terms, they are "seen through." The emotional power of these objects is identified in the human relations and feelings that gave rise to them. In a sense, belief in God can enter a latent period, familiar to many who enter AA or Al-Anon. This is a time of admitted dependence or addiction, a time when the psychological Gods are demythologized, and the Gods of religion have failed to offer the needed help. It is at this time that the second and third step intervention focuses of the experiences of the individual, moving from theological descriptions of God to personal experiences of God, or higher Powers. This personal exploration, a guided journey into the transitional space, can yield a vigorous and healing God for recovery.

Obviously, a God of love and wrath is a familiar feature in many cultures. However, this jealous God still carries a burden of anthropomorphism. In Chapter 7, process theology will be offered as one model of a theology that can resolve the emotionally-ambivalent relation to the idea of God.

Modes of Experiencing God

Rizzuto gives some important clues about the nature of an intervention which would help someone encounter a vivid image of God. She points out, in a way that no other author does, that not all representations occur as a result of relationships. She identifies five sorts of representation that contribute to an individual's God image. Rizzuto describes visceral, sensorimotor, perceptual, iconic and conceptual memories.²⁶ While Rizzuto's categories seem a bit arbitrary, the common element is that these representations concern not just emotions, or simple memories of situations with others, but also carry sensory or intellectual intensity.

The visceral and sensorimotor representations involve symbolic meaning that is embedded in physical ways; posture, sensations from internal organs or characteristic movements. These experiences are usually below the threshold of normal conversational awareness, but to ask "Where do you feel that hurt?" often turns the counselee to fresh and vivid messages that have been long stored "in the heart." Often, the opportunity to "listen with your heart," or "hear what your gut feelings are" invites a level of discourse that touches fresh images of God. This reflects the nature of the "gestalt shift" discussed in Chapter 3.

One woman I spoke with recently presented herself in a quiet and tidy manner. She told me about the chaos of her childhood in a reasonable way, but mentioned that some memories hurt her to talk about, she'd feel a pain just below her diaphragm. I asked her to explore that pain, and in the conversation that followed, she discovered long-unexpressed anger. As she

²⁶ Rizzuto, 57-9.

listened to her story, she found that part of God's guidance for her was summarized in the "wisdom" of her anger. Her feelings about herself and about God grew deeper and more complex as she explored the meaning of her physical sensations.

The perceptual, iconic and conceptual representations of others suggest a particularly rich direction for pastoral interventions. These representations may bring a remembered person into the present, and into the presence of a counselee through a feeling or image of that person being with them in the moment. Rizzuto describes such a situation:

A middle-aged woman . . . felt the "presence" of her mother in the room, as though her mother were sitting in an empty chair in the office and repeating an order she had given so insistently during the patient's childhood: "Never tell anybody about us. Don't betray your family."²⁷

Such a representation reminds one of the dybbuk identified by Perls in a previous chapter, the evil spirit of another who lives within and must be detoxified, or perhaps exorcized. After such an encounter, with the opportunity to confront the presence with freer, more mature behavior, a counselee is often prepared for an equally freeing encounter with her image of God.

Later in her book, Rizzuto points out that all of the sources for the representation of God may not have originally come from relations with others:

A convincing sense of being alive, connected, in communion with ourselves, others, the universe, and God himself may occur when, in the profoundest privacy of the self, "an identity of experience" takes place between vital components of our God representation, our self, and some reality in the world. It may be provoked by a landscape, a newly found person, the birth of a child, a passage in a book, a poem, a tune, or myriad

²⁷ Ibid., 59.

other experiences.²⁸

My fellow chaplain told me about the second and third step accompaniment he did with a thoroughly secular man who was firmly atheistic:

CASE STUDY: The man was puzzled about what might be expected of him in an interview with a chaplain and had no interest in a higher power, but they began to talk about the events that led the man to be in the hospital, and then more general ramblings about life as they had lived it. The man began to share his experiences at sea. He talked about the "wonder of it all" when he had seen the sky full of stars, how his only way of expressing what he saw was: "Wow." The chaplain said: "I just heard the name of your higher power: 'Wow.'" They talked about the missing dimensions of his life, and the awe he had felt in the past. They discussed how the man could recover his sense of awe, and his sobriety, if he pursued this interest in the world about him.

For Rizzuto, every person possesses a God image. The issue is whether that image will provide meaning and carry vitality, or simply be set aside with the needs and strengths it represents for others widely spread across the individual's psychic environment. It is possible that a person can mature without finding the God image useful as a transitional object. "This seems to be the case in most non-conflicted nonbelievers, whose elaborations of the God representation have not evolved at equal pace with the self-representation."²⁹ Even so, the God image does not just evaporate, it remains unused; suggesting the possibility of a dramatic conversion at some later occasion in life:

I understand conversion as the result of the convergence of an emotionally laden life experience with the derepression of an important emo-

²⁸ Rizzuto, 204.

²⁹ Ibid., 51.

tional component of an earlier God representation that now meets (in the strictest Freudian sense of Moses and Monotheism) with "admiration, awe and thankfulness," as well as with "the conviction of his irresistibility."³⁰

The object "God" is available in every person. It may be a crude reaction to parent-inspired disappointments, it may be a projection of one's own anger and power, it may be a denied extension of the individual's narcissistic grandiosity, it may be the loving and healing elaboration of one's beloved teddy bear. The God image may lie quiet within the person, awaiting a need that never arises. It is in this entirely psychological context that Rizzuto makes her plea to those who wish to minister. She presents several case-studies of patients that she has seen in her practice. These are people whose needs and family dynamics she can diagnose from the shape their God image has taken, a shape that reflects maturational distortions rather than transcending them. She writes:

If official religion had been able to help them, it would have had to offer them something other than the official God they could not handle. It would have listened to their fears, attended to their predicaments, and helped them tease out an acceptable God representation from the official God that Judaism or Catholicism offered them.³¹

Rizzuto's work should be a seminary textbook. The pastoral task is seldom a matter of knowing the orthodox answer. Her insights complement the thrust of "storytelling" theology, where individuals have the opportunity to elaborate the meaning of their own experiences in the context of what they know about the God whom they experience. Indeed, Rizzuto offers a cautionary word of wisdom to pastors who permit others to find healing or

³⁰ Ibid.

³¹ Ibid., 199.

heroic meaning in their own stories: Do not assume that the God who will enter into the story will be an orthodox God. The storytelling freedom should extend the way the story is told. Yet that freedom must also extend to the very nature of the God that is known to the individual. For that reason, the 12 steps of AA seek to establish a "higher Power that restores us to sanity" before moving on to heal the hurts. While the first step demands an encounter with pain and need, the second and third steps begin to identify the sources of help, and the quality of that help, "restores us to sanity," before a recovering person is expected to proceed with the rehabilitating process. The pastoral intervention includes a diagnosis of the natural God the person possesses, and an evaluation of that God's capacity to restore him or her to sanity. If their familiar God fails that simple test, then that current God may have to receive a "pink slip," a notice of dismissal. In fact, when I made just such a suggestion to a recovering woman recently, she was delighted with the idea. She discovered that she was already in possession of a vivid and healing image of God, but that a relation with such a God also meant admitting and sharing the pain she had not been willing to acknowledge in the past.

Critique of Rizzuto

Rizzuto has written a psychological text. She strictly disavows any theological intention, and so her theories are inadequate, as they stand, for a thorough investigation of the spiritual dynamics involved in accompanying individuals through the first three steps of AA. In part, Rizzuto has fostered a misunderstanding of the life-history of the God image in confusing it with the transitional object, the teddy bears of childhood.

Rizzuto states that God, "like all representational objects . . . does not

'go inside'"³² as the child matures. I have not found this to be the case. Other representational objects do not go inside. Teddy bears and balls of fluff do not become part of the child's impressions known representationally from within. Neither are monsters known this way. However, both God and the devil are felt to communicate directly to the heart or mind from inner impressions and experiences. In fact, much of the ability of priests and pastors of "orthodox religion" to foster transformation in others stems from a pastoral willingness to let others know God "from within," rather than holding God "out there." Rizzuto, herself, seems to acknowledge this difference when she writes, "God is also a special transitional object because he does not follow the usual course of other transitional objects."³³ While the usual fate of transitional objects is to be diffused over the entire field of cultural experiences, the objects with numinous qualities--God, monsters and the devil--remain available. Just how God and the devil "go within" will be explored in the theological section to come.

There are two other statements of Rizzuto's that theological exploration will challenge. The first is that we are ultimately alone with our God. She says, "[A child's God] may or may not be the official God of the child's religion. But as a personal companion . . . he belongs to the 'ineffably private' side of human experience where we are irremediably alone."³⁴ I will attempt to portray the way Process theology suggests that we are united, with God and through God to others, in our deepest and most most private experi-

³² Rizzuto, 178.

³³ Ibid.

³⁴ Ibid., 204.

ences.

Secondly, Rizzuto points out the limits of the psychological God. She notes the power of the God image to shape the child's attitudes, and concludes:

This is not because the God representation can exert any influence of its own but because the child *actively* uses his God representation and his transformations of it as an element in maintaining real and fantasized relations with his parents, and in maintaining a minimum sense of relatedness and hope.³⁵

The power vested in God lies at the roots of our sense of self. The "miraculous" recoveries noted in AA, and other reform movements, are a reflection of the changes which occur when that deep power is transferred from energizing defences to supporting a person's longing to be "sane." Helpful though her psychological analysis is, however, it does not reach through our personal experiences to touch the subject of theology: the nature of God as an objective, independent reality.

Rizzuto has offered an analysis of how actual object relations are taken into the image of God. It remains for theology to identify what inherent power God has beyond what is granted by the particulars of the child's personal experiences.

Conclusion

Rizzuto has projected the development of the transitional object beyond the realm of early childhood. She has shown how the inevitable splitting of the child is gradually resolved in more and more sophisticated self- and other-attitudes; and how our transitional objects gradually incorporate both our fears and our sources of comfort.

³⁵ Ibid., 208.

However, neither she nor D.W. Winnicott have acknowledged an objective reality for "God" upon which we impose our personal relationships. In Chapter 7, I will refer to the concepts of process theology to identify one possible objective understanding of God--an understanding that does not incorporate the splits suggested by a loving and wrathful God, nor an understanding of human nature that implies guilt is its ontological foundation.

CHAPTER 7

Process Theology: Human Nature and the Nature of God

Introduction

What would our relation with God be like if it was established in a non-judgmental way? The "majority report" in the Christian tradition finds the foundation of human relations with the deity on the basis of "original sin." Necessarily, such a relation will involve judgment, if not wrath; guilt, if not shame. In the first part of this chapter, I will introduce the "minority report," a much different view of the relation between people and God based on ignorance rather than willful misconduct.

The idea of a God who is influential rather than judgmental, persuasive rather than coercive, is a the deity of the minority report. If the childhood mechanism of splitting yields the dichotomous images of God and the devil in this culture, how might God be understood if the split was overcome? Following an introductory excursus on the nature of time, I will discuss the dynamics of such a God from the standpoint of process theology in the second section of this chapter.

The third section of this chapter will be a discussion of human experience from the perspective of process theology. In that section, I the perspectives concerning change and healing that the process model has to offer are identified.

Between God and Humanity

John Hick, in Evil and the God of Love,¹ explores the problem of

¹ John Hick, Evil and the God of Love, rev. ed. (New York: Harper &

theodicy; how a loving God can create a world so full of pain and suffering. He identifies the traditional and orthodox Christian answer: It is by the evil of willful sin that evil entered creation.² This is the Augustinian theodicy, which is the majority report in Catholic and Protestant thinking. Its familiar outlines emerge in the presupposition of guilt that many people carry into recovery.

However, Hick looks to Irenaeus (c.130-c. 202), whom he calls the first systematic theologian of the Christian faith, as the author of the minority report. Where Augustine sees Adam and Eve as fallen through willful disobedience that was within their capacity to avoid, Irenaeus sees these newly created beings as naive children. They are similar to God in the capacity for "moral freedom and responsibility"; but lack the "likeness" of God, which refers to spiritual maturity and wisdom.³ As Hick puts it: "In his Proof of the Apostolic Preaching Irenaeus pictures Adam and Eve in the Garden of Eden as children; and their sin is accordingly not presented as a damnable revolt, but rather as calling forth God's compassion on account of their weakness and vulnerability."⁴

Irenaeus does not only appeal to human immaturity. There is a caution on God's part to ensure the freedom and independence of these new creatures. He has created them at arm's length, so to speak, to protect them

Row, 1978).

² Ibid., 59.

³ Ibid., 211.

⁴ Ibid., 212.

from the overwhelming power of his presence and love that would compel a response in faith. Such a response could never be free. That creation should happen at an epistemic distance from God is a common theme, if not the predominant one, in several religions. A Jewish tradition explains the indentation on our upper lip as the fingertip of the angel who seals our memories at birth, so that we enter the world without the knowledge of our origin with God in heaven. A Hindu creation story tells about how God, after several failed attempts at populating his creation, had to bring humanity into the world suffering from amnesia to prevent all men and women from immediately rushing back into oneness with God and leaving the world without people.

This is not simply a matter of the relationship between God and the first human beings, for our contemporary freedom "is safeguarded by the ambiguities of God's self-revealing activity in history and by the corresponding need for an uncompelled response of faith on man's own part."⁵

Hick contrasts these two theologies, and in doing so seems to reflect two fundamentally different sorts of creation theology (or parental psychology) in behavior and expectation:

Instead of the fall of Adam being presented, as in the Augustinian tradition, as an utterly malignant and catastrophic event, completely disrupting God's plan, Irenaeus pictures it as something that occurred in the childhood of the race, an understandable lapse due to weakness and immaturity rather than an adult crime full of malice and pregnant with perpetual guilt. And instead of the Augustinian view of life's trials as a divine punishment for Adam's sin [and our own], Irenaeus sees our world of mingled good and evil as a divinely approved environment for man's development towards the perfection that represents the fulfillment of

⁵ Ibid., 213.

God's good purpose for him.⁶

Hick finds the thread of this theodicy in Scheiermacher's understanding of the nature of sin. It is our organic nature, our struggles to survive, perhaps to prosper, in a creaturely way that blocks or retards our growth in God-consciousness.⁷ Thus sin is an "arrestment" in our spiritual maturity. At least, it is immaturity itself; at worst, it is a form of learning disorder. Ultimately the focus of this sort of theology is not on obedience, but on meaning. Its patterns are not judgment and punishment, but patience and understanding.

Recently this "Irenaean" answer to the problem of pain has found expression in the popular book by Rabbi Harold Kushner, When Bad Things Happen to Good People.⁸ His book is a meditation on the premature death of his young son. He writes:

Let me suggest that the bad things that happen to us in our lives do not have a meaning when they happen to us. . . . The question we should be asking is not "Why did this happen to me? What did I do to deserve this?" That is really an unanswerable, pointless question. A better question might be "Now that this has happened to me, what am I going to do about it?"⁹

That events, in their raw actuality, have no inherent divine authorship runs counter to the assumptions of many orthodoxies; theologies that hold to God's omnipotence and omniscience. If events have no necessary fore-or-

⁶ Ibid., 214-5.

⁷ Ibid., 223.

⁸ Harold Kushner, When Bad Things Happen to Good People (New York: Avon, 1981.)

⁹ Ibid., 136.

dained divine meaning-- a reflection of God's power and justice, no matter how inscrutable--then God's determination of events has constraints. Kushner directly accepts that implication:

I recognize His limitations. He is limited in what He can do by laws of nature and by the evolution of human nature and human moral freedom I can worship a God who hates suffering but cannot eliminate it, more easily than I can worship a God who chooses to make children suffer and die, for whatever exalted reason.¹⁰

Kushner, shaped by the experience of his son's death against the historic landscape of the Holocaust, finds courage in the discovery of what God is not. His *via negativa* disavows the limitless power of God and challenges traditional Western theologies. Process theology offers a way of understanding what God is; a way that reflects constraints upon the divine influence.

The Nature of God

The first thing to understand is that, as one of the seminary interns at this hospital once said, "God is a gerund."¹¹ God is creating. The only actual events are those of this moment. God's only presence for us is in the here-and-now. To understand this presence, it is necessary to look at the nature of an "actual occasion."¹² Process theology describes the way that God acts in time by illuminating the dynamics of each particular moment. These moments are called actual occasions.

¹⁰ Ibid., 134.

¹¹ Rev. Anne Wichman-Irons, conversation with author, 16 May, 1985.

¹² Marjorie Suchocki, God, Christ, Church: A Practical Guide to Process Theology (New York: Crossroad, 1984), 11-21; Gordon Jackson, Pastoral Care and Process Theology (New York: Univ. Press of America, 1981), 24-7.

The Nature of Time

A most vivid image of an actual occasion, the basic unit of time, was offered in a lecture by Professor Marjorie Suchocki. She likened each moment to the Roman god Janus.¹³ Janus was the god of beginnings and endings, the rising and setting of the sun, the god of doorways and thresholds. These images seem quite fitting to the nature of pastoral counseling. The image of Janus is that of two faces peering in opposite directions from the same head.

One familiar metaphor for the passage of time is that of a motion picture film. The rapid presentation of images, each in themselves fixed and unmoving, but each giving way to a fractionally-changed image, creates the illusion of motion and change. This metaphor is helpful in that it suggests that the seamless continuity of things is an illusion, but the idea of each moment as a fixed image is quite inadequate.

Instead of a series of lifeless pictures, one must imagine generations of discrete living Janus-creatures. Each creature is born, comes to maturity and attempts to recreate itself in the following generation. Its lifespan is, perhaps, one-tenth of a second.¹⁴ (Each one of these creatures is an "actual entity," while the story of its lifespan describes an "actual occasion.")

In a sense, time and mass share an illusion. Someone has described a steel I-beam as a cloud of electrons; the I-beam being more filled with space, by far, than with matter. If, somehow, all those whirling electrons would be

¹³ I am indebted to Suchocki for this metaphor, given in a lecture 10 years ago. However, I must bear the responsibility for any inadequacies in its elaboration given here.

¹⁴ Jackson, 6.

synchronised, we might be able to see right through the metal. Solidity is an illusion of our perspective. It is the same with time. Continuity is an illusion. If all the actual occasions would "line up," we might experience the passage of time as a ten beat-per-second flicker.

This vigorous life-cycle of actual entities accounts for all events, whether it is the stable-seeming existence of an I-beam or the evolving series of events that reflect a passing pattern of thought.

To understand God's role in creation, it is necessary to describe the life-cycle of an actual entity. A single one of these Janus-creatures has three developmental phases. The technical names for these phases are: Initial phase (its birth), Intermediate Phase (its maturity), and Satisfaction (its completion).¹⁵

A Janus-creature is born with a mission. That mission is identified in the "initial aim."¹⁶ This aim reflects the most harmonious of the myriad actual possibilities for each moment. This is the creature's "mental pole," a God-given inspiration of creative potential and direction.¹⁷ At its birth, the creature is blind, with both sets of eyes closed. Upon its birth God gives it both form, (its existence as an actual occasion); and a mission, God's invitation to fully and creatively know and fulfill itself: the initial aim.

Once born, the Janus-creature opens its "eyes and ears" to the past and is flooded with the impressions of the previous generation of actual entities. This is a powerful experience, full of richness and vigor, pleasure and pain.

¹⁵ Ibid., 4-5.

¹⁶ Suchocki, 43.

¹⁷ Ibid., 20.

Having experienced the past, the "physical pole,"¹⁸ the creature closes its eyes and matures, uniting the various voices of the past into its own expression. Its personal way of organizing the experiences of the past with what it hears of its initial aim, and bringing them into unique expression, is the "subjective aim."¹⁹ During this moment of thought, called "concrecence,"²⁰ it lives in solitude and freedom. As Suchocki puts it: "Each occasion, in the solitude of its own concrecence, decides its orientation toward God and the world."²¹ The wisdom of God is at its depth, persuasive but not compelling, and sometimes utterly drowned by the rush of sensation the actual entity inherits from the past. After its reflection, the Janus-creature opens its eyes, and mouth, to the future and expresses itself to the next generation. The product of its reflection is an increment of consciousness. Its life is then over.

Of course, to look at the lifecycle of a single actual entity suggests a false continuity. These creatures are not lined up to take their life experience from one another like the members of a track relay team. Rather, each entity is like a ping-pong ball sitting on a loaded mousetrap in a room filled with such mousetraps. The complexity of time is like the midst of the chaos after several "generations" of ping-pong firings have already occurred. Influence spreads in all sorts of directions.

Not all actual entities are "created equal." An entity that participates

¹⁸ Ibid., 16.

¹⁹ Jackson, 70-75.

²⁰ Suchocki, 19.

²¹ Ibid., 43.

in the experience of an I-beam will have a very simple initial aim and a quite uniform physical pole. Its maturity should not foster, or require, much consciousness. On the other hand, an entity that participates in the experience of pastoral care may be formed with many vivid alternative doorways through which it might pass, reflecting a broad variety of possibilities within God's mental pole. Then, as it opens itself fully to the physical pole, it might well experience paradox, irony, subtlety; as well as the pressure to affirm the predominant values of its immediate predecessors.

I have referred to actual entities as creatures, but of course their spent bodies are not lying around creation. Their entire substance is energy. Since energy can neither be lost or destroyed, these entities must be taken completely into the existence of subsequent entities, even if their unique conclusions are not entirely accepted by the next generation. That which is not affirmed in the following generation must still be accepted as part of the entity's inheritance. Those sensations from the physical pole--memories, sensations, thoughts and feelings--which are not predominantly reflected in the concrescence of the subsequent entity are called "negative prehensions," and the process of devaluing them is called "anaesthesia" by Alfred North Whitehead.²²

Denial would be the appropriate psychological word for experiences kept from consciousness on the basis of pathology. Although negative prehension is a much broader phenomenon and includes the sort of "anaesthesia" that permits us to screen out unimportant information, like the sounds of a running refrigerator. However, like emotional denial for men

²² Alfred North Whitehead, Adventures of Ideas (New York: Free Press, 1933), 259.

and women, Janus-creatures continue to carry the content of their negative prehensions. Suchocki observes this when she writes: "'Negative prehensions bear the scars of their birth,' says Whitehead, and perhaps the truth of this is seen most acutely in human repressive behavior."²³

The quote can be misleading. I appreciate the added weight it gives the creaturely metaphor for these entities, but the negative connotations of "scars" can obscure an important pastoral potential. Negative prehensions are not a matter of good or bad experience, but of experience excluded from consciousness. "Consciousness focuses upon a small portion of experience,"²⁴ and so sensations of all kinds are felt but not incorporated into the gift of consciousness entities offer the next generation. However, entities offer not only their conclusions, but also the entire horizon of the cumulative experience of that particular family of entities. It is this vast horizon of sensations that is negatively prehended.

An example from human experience will help. Adults who have been abused as children often repress painful episodes of their lives. These negative prehensions, obviously, shape the careers of their subsequent experiences, even if the abusive episodes are not brought to full consciousness. But the reverse is also true. Often, from chaotic childhoods, painful experiences are brought forward consciously, but only the "scars" of whatever positive experiences they had are brought forward. These unconscious inheritances can be incorporated into fresh conclusions and richer inheritances for the

²³ Suchocki, 18.

²⁴ John Cobb and David Griffin, Process Theology: An Introductory Exposition (Philadelphia: Westminster, 1976), 35.

next generations of experience. In fact, that is the goal of the second step intervention, to open the recovering person to healing possibilities that have not been consciously explored; just as the first step review attempts to open up painful memories whose influence, though profound, cannot be grasped because they have been negatively prehended.

It is clear, then, that there are patterns of depth in the possibilities of satisfaction for each entity. The richness of each experience of satisfaction is determined by the qualities of harmony, intensity and beauty; technical terms which I will describe when I present the process description of God. For now it is important to understand that, in its solitude, each actual entity expresses itself with considerable freedom. If it simply reflects the conscious gift of the previous generation, which there is considerable pressure to do, it will not penetrate far into its own unique experience. (This pressure to replicate the past is called "conforming feeling."²⁵) If it simply reflects its own experience, the entity will not penetrate far into the original God-given wisdom that was an element of its creation. The implication, on the microcosmic level, is that consciousness is more superficial than feeling (the content of the physical pole) and that feeling is more superficial than the initial aim, the mission of the entity. Of course, when I discuss human nature, I will want to apply this pattern to human experience, which is one level of macrocosm from the process perspective.

This, by no means, exhausts the process understanding of actual occasions, but it serves to introduce the influence that God has upon creation. The process doctrine of God describes the author of the initial aim.

²⁵ Jackson, 25.

God's Nature

God, like the Janus-creatures, can be said to have two aspects. One aspect is at the depth of every entity, fully participating in its experiences. God does not negativelyprehend any element of experience, and so God knows the fullness of each moment beyond the capacity of the actual entity's own consciousness.

This participatory aspect of God is called the "consequent nature."²⁶ It might be said, of this aspect of God, that we are "in" God, moving from generation of moments to generation, leaving a trail of experiences "behind" us that God never forgets. In other words, God "bears the scars" of every aspect of every actual entity, even those which the entity excludes from the conclusion it passes on as the conscious inheritance to its successors. These scars are eternal, ever available to the divine conscious for inclusion into a subsequent initial aim, so that no energy is ever lost or forgotten. This, of course, applies to joys and heroic gestures as well as pain or sorrow. (Behaviors, thoughts, feelings or fantasies are all included in the vast yet immediate memory of God, for all are forms of energy: choices and actions, the fullness of the physical pole and the mental pole, the subjective aim and its satisfaction are all known and remembered by God.) For while energy does leave corpses of its occasions behind when they are completed and left behind, these completed entities remain, in their entirety, in God. This enduring existence--(for it is that and not a remnant in the sense of a skeletal remains)--is called "objective immortality."²⁷

²⁶ Ibid., 177-80.

²⁷ Cobb and Griffin, 23.

The participatory nature of God, in which we exist, itself exists within the context of the "primordial nature" of God.²⁸ One might call the primordial nature of God a cosmic blueprint, a potential pattern for a universe which is beautiful, intense and harmonious. Just as any other blueprint, this one includes possible alternatives and their relative values. ("More space for this room means less in the next. . . .") The level of complexity is unimaginably greater. In fact, one secular vision of this aspect of God, the primordial nature, was a current exploration into cosmology. It described a chaos of "space/time foam" from which, according to the author, the universe emerged by virtue of the most fantastic of happenstances.²⁹ According to this article, the universe remains intact through sheer moment-to-moment coincidence. It is that very remarkable coincidence that Whitehead, with his mathematical orientation, found hard to explain. To answer the problems of continuity and coincidence in this realm of theoretical physics, Whitehead postulated his process philosophy.

Space/time foam begins to express the mind-boggling nature of all real possibilities, but it is already merely a metaphor for the primordial nature of God. In the sheer possibility of God's mental pole, space and time, and a frothing chaos of them mixed together, are already a highly-evolved expression of the physical pole. It becomes evident that any expression of what the primordial nature of God actually is in any concrete terms, must be a projection. Ironically, the very thoughts that would concretize an idea of

²⁸ Suchocki, 38.

²⁹ Marcia Bartusiak, "Before the Big Bang: The Big Foam," Discover, September 1987: 79.

the primordial nature of God move from the realm of sheer potential to the physical pole of actual entities, i.e., thoughts. Professor Suchocki once eased the tension I was feeling when, as a seminarian, I was confronted with mutually-exclusive expressions of the nature of God. She said: "God is larger than what your professor thinks, than what your meditation instructor thinks and than what you think. Permit yourself to explore, you won't fall outside of God."³⁰ As I permit people to articulate their own understanding of God, or talk with people who feel that they have, indeed, "fallen outside" of God, Suchocki's words are helpful.

This primordial aspect of God encompasses all actual possibilities. It is the mental pole of God. It is all-inclusive, whereas what we refer to as our mentality, our consciousness, is characterized by exclusion. Consciousness, for us, is what remains after much of the vast inheritance of sensations has been negatively prehended.

God draws the real possibilities for each initial aim from within the realm of God's primordial nature. These possibilities are shaped in two ways; by the cascade of actual occasions which God feels from all times and in all vividness, and by God's values of harmony, beauty and intensity.

Process portrays a relational God. In feeling one another, God and the actual entityprehend and scar one another. Drawing from absolute possibility, God offers a vision into each moment of time. It is a vision which takes into account the subconscious factors of each moment, the colleagues of each moment and their potential careers, the entire history of the moment, and every potential which might affect that moment. All of God's experiences of

³⁰ Marjorie Suchocki, conversation with author, 15 November, 1979.

creation shape God's study of the blueprint for each particular occasion.

I have described how every understanding of God is metaphor and projection. In reality, it is impossible for any actual entity to fully embrace the initial aim at its depth. We might describe the subjective aim as the transformation of the entity's attention from empty interest into content-filled consciousness by the physical sensations it must pass through as it reaches deeper inward to its initial aim. Since consciousness is a late-arising phenomenon is the life-cycle of the moment, and its initial aim is given at its birth, the two are separated by the vigor of the physical pole. No moment will ever fullyprehend its initial aim. Since the initial aim is a sort of window directly into the primordial nature of God,³¹ it is doubtful that looking directly through that window would be meaningful in any case. It might even be rather uncomfortable, if Biblical accounts of those who have approached such an experience be true. However, we "feel" the initial aim through powerful images. Suchocki gives an illustration of this in the way she describes how the image of Christ might carry the primordial possibilities to John, Christ's disciple, which reflect the initial aim for John.³² The same mediated expression of the initial aim might occur for others with the image of Christ or Buddha or Moses, or an autumn forest scene.

These images carry the actual occasion's attention to God. They are "lures," as Whitehead puts it, to draw occasions to beauty, intensity and harmony.³³ Of course, not all images lure entities to deeper satisfaction. The

³¹ Bernard Lee, The Becoming of the Church: A Process Theology of the Structure of Christian Experience (New York: Paulist, 1974), 96-7.

³² Suchocki, 132.

³³ Jackson, 121-3.

previous discussions of the psychologist's God illustrate how physical prehensions (memories, thoughts and feelings) can obscure the initial aim. Whitehead offers an interesting point with regard to the value of an image of God: "It is more important that a proposition [an image of God, in this case] be interesting than that it be true . . . [for its] primary function is as a lure to feeling. . . ." ³⁴ This is a primary discipline for the pastoral counselor, for it reflects a Whiteheadian restatement of steps 2 and 3. It is not necessarily the God of religious maturity which will support the alcoholic in his early recovery. It is the God, that is to say, the personally-meaningful projection, which offers keener interest and deeper value that will foster health. One that is more attractive than the image which has limited the growth of maturity.

Since each occasion is taken into God in its fullness, experiences of God are only part of the richness available at the depths of each moment. Our own emotional and sensate history lies available through the initial aim. We can reenter our past in fresh ways, and unalone, in the context of pastoral care. Even more, we can encounter vivid experiences of others as well, for these, too, are available in each moment by virtue of God's knowing. The case studies in this text illustrate these various prehensions: fresh experiences of God, of ourselves, of others.

The person a pastor is with in counseling is so rich with stories and feelings. How is one to proceed? How can the pastor direct a person's attention to their initial aim in the counseling moment? They do seem to be sign-

³⁴ Ibid., 121.

posts through the vivid experiences of the physical pole which mark the way to the initial aim.

The wisdom of God is characterized in three ways: beauty, harmony and intensity.

Intensity occurs within an actual entity when it penetrates the power of conforming feelings and accepts the challenge to create unique satisfaction. Where there is high conformity there is low intensity. Steel may be durable, but it is not intense. In other words, intensity measures the depth of the actual occasion, its reach down into its subjective feelings, a reach that is inevitably toward the initial aim. I recall the rueful words of one woman who said: "I didn't think it would be like this!" when she told me a story that she had not shared before. Intensity is not always a pleasant experience. It was an intense moment, and because it was, she subsequently experienced unanticipated satisfaction from our conversation.

Harmony reflects the breadth of satisfaction a moment can accomplish.³⁵ It reflects the relational quality of a moment's satisfaction. Obviously, harmony can be at odds with intensity. Steel I-beams are harmonious, but not intense. Among human relations, harmony can be the handmaiden of dependence. "Peace at all costs," avoids intensity, but strictly limits the satisfaction of each moment, for it denies depth. On the other hand, harmony can be quite powerful if it is allowed to follow intensity. Some of the most forgiveness-filled moments I have had with individuals occurred after they gave themselves permission to be "disloyal" to family rules of harmony, and share their pain with an "outsider." In their hurt I have seen

³⁵ Suchocki, 54.

them find deep mutuality with a resented family member, for in the intensity of feeling, understanding can emerge.

It is the interplay of harmony and intensity which Whitehead calls "beauty."³⁶ Beauty is not static. God is not only the source of continuity, but also of change and novelty, calling out, through the initial aim, new experiences of intensity and harmony, new patterns of consciousness. As Gordon Jackson puts it:

Out of God's aim novelty is possible. Along with the conformal feeling, each [occasion] feels God's urge toward a new aspiration. So life has continuity with the old and refreshment of purpose toward the new.³⁷

Process theology portrays a God who comes to us from our depths. This is a God who weaves creative freshness into our innermost experiences of ourselves. God is in a relationship with all of creation at its depth. God's consequent nature co-experiences every moment and eternally holds each element of that occasion within God's own existence.

God is omniscient. In God's primordial nature every possibility that may come to pass is identified, but not actual. God shapes the world through the initial aim. God is shaped by the world, in the freedom of each of its occasions.

Thus, God is persuasive, affecting events "by attraction rather than promotion," as AA describes its own mode of availability. God offers wisdom, an invitation to beauty and satisfaction. The deepest judgment inherent in the relationship between God and creatures is the subjective experience of triviality, a life lived conforming to its own conscious history.

³⁶ Whitehead, 252-4.

³⁷ Jackson, 38.

Human Experience

The discussion of actual entities that introduced this section naturally slipped into anthropomorphic language from time to time. That is not entirely my use of metaphor, for Whitehead talks about scars, enjoyment and satisfaction; and although he uses these terms in his own particular way, the implication that what occurs on the microrcosmic level has implications for the macrocosm is obvious. The transition from the dynamics of a single entity to the vastly complex experience of a human being is explained by the term "society."³⁸ Whitehead defines society as a group of occasions which share an identity and are self-sustaining. A person is a society, as is a tree, as is an I-beam. A society need not have a great deal of consciousness, nor does it have to be organically living. Whitehead says the the entities which constitute a society are immanent in one another, and by this I take him to mean that they create a community of satisfaction. This does not mean that every occasion which constitutes a person exists at the same moment. Whitehead specifically denies that. These occasions share a self-identity; a continuity of initial aim, subjective aim, history and completion. A particularly meaningful aspect of societies is that their integrity is respected by God. That is, in their objective immortality, their eternal wholeness in God, all things remain themselves. Eternal life is assured every society in the consequent nature of God. That is the process definition and description of the human soul. It is not a promise for the future, but an evolving, contemporaneous reality. God is a gerund once again, creating eternal soul of each moment of our experience.

³⁸ Whitehead, 203-5.

Cobb and Griffin, in Process Theology, discuss the nature of objective immortality in their section on incarnation: "We influence each other by entering into each other."³⁹ Even prior to our physical death, our history enters into those around us and we live in one another. Bernard Lee puts it this way:

The act by which I link my destiny to that of my friend is not at all a surrender of my own destiny. It is almost as if the new unity that we generate has its own subjective aim, which includes taking the separate feelings of our two destinies and accommodating them to each other until they are embraced in a single feeling and appropriated by positive prehensions.⁴⁰

"Interrelations are internal to things."⁴¹ By comingling their subjective aim, the two have entered into one another's separate concrecences and now participate in one another's freedom. But, frankly, this seems like a familiar idea. What object relations theory has expressed psychologically, process thought now invokes the idea of actual occasions to explain. (And, as we have seen, object relations identifies the ambivalence of sharing one's freedom more clearly than does this passage about friendship.) The similarity is not superficial, for in using the phrase "positive prehensions," Lee has introduced important psychological dynamics.

The positive prehensions are those that summarize the conscious meaning of the moment. Of course, they are always accompanied by negative prehensions. Process thinkers are fond of saying "the many become one

³⁹ Cobb and Griffin, 23.

⁴⁰ Lee, 268.

⁴¹ Cobb and Griffin, 24.

and are increased by one."⁴² Creatively, what that means is that each occasion has the opportunity to accept all previous moments--the many-- into itself--the one--to constitute an original thought from the sensations of the physical pole--increasing the universe of occasions by one. The occasion acts creatively, adding its unique self to the inheritance to the next generation of moments.

However, psychologically, what occurs is selective memory. Positive prehension always points to the inevitability of negative prehension, the exclusion of the vast bulk of history from the satisfaction of any given moment, always under duress of the power of conforming feeling. Our incarnation in one another carries with it the scars of unconscious experiences, and so, as in object relations theory, the burden of history rests with continuity rather than change.

The unity of subjective aims among individuals points to the consequent aspect of human nature, our presence for one another by virtue of consciousness. Object relations illustrates how that presence can be constricting. When the subjective aim that is shared between two people is only aiming at the satisfaction of one, as in narcissistic parenting, the other will feel self-abandonment from the within. In fact, dependence might be defined as the dilemma of a person who is trying to constitute himself by virtue of another's subjective aim.

Of course, our consequent relatedness is not like that of God, it is mediated by the fact that our sensory apparatus is designed to filter out most of the inexpressible richness of the physical pole, whereas God experi-

⁴² Suchocki, xii.

ences occasions in their fullness.

The analysis of an actual occasion showed that consciousness, that which is passed on from one moment to the next, is a late-arising phenomenon in the lifecycle of an actual occasion. This consciousness is the gift that one occasion offers the next, felt as the content of the physical pole. It is a summary, the abbreviated satisfaction of tremendously broad and deep sensations. In spite of the vividness of our relation to one another by way of our consequent nature, it is ontologically superficial.

However, there are deeper ways in which we can enter into one another in the process universe.

Gordon Jackson illustrates a more profound way in his discussion of intercessory prayer.⁴³ He discusses his prayers for his ill mother from the standpoint of the initial aim, pointing out how he and she become immanent in one another.

Intercessory prayer means to shape the subjective aim of that moment of consciousness toward another so deeply that, in God, we encounter each other at the point of our coming into being. This is the relationship of human souls, our objective immortality in God, to one another. We do not only know each other by virtue of the physical pole, and the conforming power of shared subjective aims. We are also known to one another by virtue of God's initial aim. We are known to each other in this way at our depth, rather than in our feeling of one another. As we dwell within the consequent nature of God, we are not separated by the many sensations which seem to distance each occasion from all others--time, distance, sound,

⁴³ Jackson, 210-12.

skin. Jackson points out that John Cobb explains how these relationships can seem so far from our consciousness: "Cobb accounts for the 'extreme vagueness with which other souls are prehended directly in this life' as being due to bodily interventions."⁴⁴ However, through the initial aim, which reflects our fullest potential meaning in view of the realities of our current situation, we are expressed directly into one another as we are created moment-by-moment. In other words, "We influence each other by entering into each other."⁴⁵

So we, like God, appear to have a two-fold nature. Our consequent nature explores the breadth of experience, the consciousness impinging upon us from the myriad actual occasions that surround us. However, our primordial nature takes us to the depth, the creative wisdom that is at the origin of every moment. Bernard Lee says this primordialness is captured in Whitehead's thought that "religion is what the individual does with his solitariness."⁴⁶ In penetrating the conforming feelings of each moment and denying the temptation to repeat the past, each moment may open itself to the vast choices of God's creativity seen through the "window" of the initial aim.

God bears us to one another in the fullness of divine acceptance. We may feel beyond what is positively prehended to the negative prehensions of others, those feelings of joy or sorrow which are not incorporated into the conscious satisfaction of their shared moments. This is the essence of pastoral care, the opportunity to know more fully than before the deep richness

⁴⁴ Ibid., 211.

⁴⁵ Cobb and Griffin, 23.

⁴⁶ Bernard Lee, 165.

in hurt and health of others. This moves beyond the formal designation of "intercessory prayer." The conversations that have illustrated this thesis are not imaginary monologues, but true encounters. The emotions and attitudes that arise to awareness in the patient's dialogue are not just projections of the subjective aim, but actual experiences from the depth of significant others.

Suchocki extends the dynamics of this sort of relatedness in her chapter on "The Kingdom in God."⁴⁷ Against Cobb and Griffin,⁴⁸ she argues that in God human souls have not only objective immortality, but subjective immortality as well. She calls the subjective immortality the "resurrection," and makes it a powerful pastoral tool. She uses process theology to explain the powerful presence of others for the counselee which Rizzuto described as a "perceptual" object representation.

It was pointed out that human experience flows from the physical pole to the mental pole, from sensation to satisfaction. Suchocki points out that God moves in the opposite direction, from satisfaction in the primordial nature to experience in the consequent nature. In God, all occasions do the same.⁴⁹ She refers to this as "subjective" immortality, not a mere historical record, but a living society of occasions, dwelling in the consequent nature of God, which flow from their limited consciousness into the initial aim for them:

This means that the resurrected subjectivity is retained in reversal of its finite state. The satisfaction which culminates the finite state begins the

⁴⁷ Suchocki, 176-90.

⁴⁸ Cobb and Griffin, 22.

⁴⁹ Suchocki, 183.

immortal state. This would mean that in God the subject is always itself, but always more than itself; it is always the selfsame satisfaction [or consciousness], but is, as it were, turned "inside out." The flow of feeling now moves away from the solitude of satisfaction into the fullness of God's own feeling. This reversal of concrescence is the beginning of judgment and transformation.⁵⁰

For Suchocki, the resurrection is now. God is yet again a gerund, resurrecting us even as we live through our moments. "In this process understanding, resurrection takes place not upon the death of the whole person, but throughout life, as God continuously feels the occasions of the world."⁵¹ In this way, God conquers not only distance, but death. Through the initial aim, we may reach the resurrection nature of people with whom we have lived, and with whom we may have "unfinished business." They are made present, incarnated through the initial aim, in a subjective and conscious mode. Real relations can occur with creative and unanticipated outcomes. As Suchocki says: "What happens in heaven has an effect upon earth."⁵² The heaven she refers to is not a distant and future promise, but an invitation to the immediacy of relating within the here-and-now nature of God. And the reverse would necessarily follow, what happens on earth, that is, in the consciousness of our living occasions, will affect heaven. The Biblical phrase "whatever you bind on earth shall be bound in heaven, and whatever you loose on earth shall be loosed in heaven" (Mtt.16:19b) appears to have literal meaning. In this context, that which is loosed are the conforming feelings of the subjective aim, the power of the past to repeat it-

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid., 192.

self in the present.

But the invitation is not just for a relation with the resurrection of others. It is also an invitation to self-transformation. In her discussion of the resurrection in God, Suchocki states that judgment is to know oneself as one is known in God, and as one could have been if the initial aim had been incarnated in one's moments.⁵³ As she speculates about what that experience might offer, Suchocki says: "This would mean that there is a sort of 'regathering' of one's total personality in the resurrection body."⁵⁴ This regathering would imply a surrender of the subjective aim, an escape from conforming feeling, and a revitalization of all the many surrendered choices of feeling and thinking of a lifetime. In the power of new freedom to feel and choose, a person could accept the opportunity to be "born again," to surrender the conclusions about oneself over the course of a lifetime and embrace a new vision of the self in the image of God's initial aim. In other words, a person has found a "Power which restores us to sanity."

Pastoral Care in a Process Perspective

This section is "review," a new vision of dynamics which were presented in Chapter 2. There I illustrated the pastoral interventions which occur while accompanying persons through the first three steps of Alcoholics Anonymous. It is not my intention to retell those interventions here, but to illustrate the dynamics of pastoral care through the lens of process theology.

Disidentification

The three characteristics of God's action are intensity, harmony and

⁵³ Ibid., 184.

⁵⁴ Ibid., 185.

beauty. Each of the first three steps tends to focus on a distinct dimension of God's action. The first step seeks greater intensity.

John Cobb speaks of breaking the power of conforming feeling in his book, Theology and Pastoral Care.⁵⁵ He talks of seeking to free ourselves from the distortions of reason and feeling. The irony is that it is impossible not to think or feel. In fact, the process model of the actual occasion illustrates how we must attend to thoughts and feelings, to penetrate them, to move deeper into the structure of the moment and seek the initial aim which constitutes our mission for the moment.

The exercises that I assign for Step 1 reviews are meant to intensify a person's feelings. The limiting nature of the subjective aim, which must deny so much of experience, can only be discovered through contrast. In an interesting argument, which I will refer to below concerning Step 2, Suchocki talks about the "hiddenness of God."⁵⁶ Here I want to suggest a hiddenness of the conforming feeling.

Sensory numbing is a familiar phenomenon. One can be sitting in a "quiet" room, only to have another come in and ask, "What's that noise?" Only when our attention is drawn to the hum of the refrigerator, do we even realize that the experience of the sound has been somehow dismissed. Conforming feeling, the power of the past's conclusions, can be much the same. I spoke of the man who had carried with him the conclusion from Viet Nam that he had failed his friend. Other conclusions had always been available

⁵⁵ John Cobb, Theology and Pastoral Care (Philadelphia: Fortress, 1977), 22-3, 33.

⁵⁶ Suchocki, 62.

from the data he shared with me, but to share that data he had to set aside his conformal feelings about the event and positively prehend a broader horizon in the event than his conclusions of the past admitted into consciousness. He had to experience his self-condemnation in a fresh way to acknowledge its roots. And, of course, the roots of every conforming feeling destroy that feeling, because at the root is the initial aim. God is present in intensity.

The Color Purple, referred to in Chapter 3, illustrates how a friend helped a black woman peer through the non-mutual, imposed subjective aim of her marriage and the white culture to find herself freshly experiencing God-for-her. Facing the intensity of her disappointment, she found a new horizon for herself and God.

Intensity is the quality I pursue when I encounter unfinished grief. I spoke with a man who was resisting his "powerlessness" over the death of his wife, rather than addiction:

CASE STUDY: His wife had died several weeks previously, and he was feeling stuck and lonely. He told me that he had not had a time to prepare himself for his wife's death, that they had not said "Goodbye." I asked him about the unfinished conversation he carried inside, and he began to weep. I suggested that we "invite" his wife to be with us for a moment, "What would you want her to know?" He said: "I just want her to be well again, and to be with me. I love her and I miss her." I asked him to take a moment to "hear what she has to say in return." He thought for a moment and told me, "She says that she's dead now, but that she's OK. She says she loves me and that I'll be all right."

I was impressed by the words that he "heard." The words and sentiments were so unlike his own denial and wishful thinking. It was clear that he was not simply experiencing the conforming feeling of his own grief. In terms of the process model, we had encountered his wife in her "subjective immortality."

Resurrection

Suchocki talks about the hiddenness of God:

If God is always present in the provision of the initial aim, then there is no contrasting absence by which God's presence could rise to conscious notice. This would mean that the very constancy of God's presence would paradoxically function to hide God's presence from consciousness. This hiddenness is further emphasized by the fact that the content of the initial aim. . . directs each concrescent occasion toward an optimum mode of existence in the world. Thus God's aim directs us toward the world, not necessarily toward God; and again, God is present in a mode of hiddenness.⁵⁷

The harmonious quality of God reflects God's hiddenness. Nowhere was this more apparant for me than with the woman whose second step I described in a previous chapter. She told me that she had "never been sane," and so could not be restored to sanity. We subsequently found a theme of sanity in occasions of inspiration, including one that forewarned her about the quality of her upcoming marriage. What I did not share earlier was the power that this discovery had to help her reexperience her past in fresh ways. The discovery of a healing and wise harmony in her life led her to reflect on an occasion of incest, which she had not mentioned to me earlier. As tears came to her eyes, she told me that she had always wondered where God had been when that happened. She concluded: "God was there. He was feeling that rape and crying with me. He didn't want that to happen, but he doesn't just step in and change things, he is part of them."

If I had attempted to comfort her by explaining how God had been present for her, I would have been reenforcing the conforming feelings she had of that experience; feelings of aloneness, betrayal, and guilt. The great

⁵⁷ Suchocki, 62-3.

idea of "God" itself is a conforming feeling, an abstract cognition that can oppress as well as liberate. Until God is discovered in one's own harmonious experiences, God is distant and silent, a projection of all that object relations describe so well.

This woman experienced a "regathering" of herself. Her understanding of her raped self, as well as God, was transformed. She experienced conversion and a healing that transcends time and reaches back to change, not the facts, but the meaning of those former events. By experiencing her "subjective immortality," her resurrection self, she entertained God's initial aim for transforming that cruel event.

So far, I have mentioned the impact that an encounter with the resurrection self has for the living. But in the process model, those who are dead also are transformed in these encounters. As I midwifed a new relationship between a son and his dead father, a relationship based on strong conforming feelings, one of deep dependence, I watched the son "letting go," accepting the powerlessness of the first step which frees him from responsibility to the subjective aim of his father. In the "conversation" between the two of them that followed, the adult child told me, "As I let him go, I feel him letting go of me, moving deeper into peace."

Harmony and intensity yield contrast and richness. That is the beauty which God seeks. Beauty is the aim of step 3.

Imagery and Action

After accompanying people through steps 1 and 2 I often tell them that step 3 is the most concrete and practical of all the steps. I share with them that it is a matter of action, a thing that they "do rather than feel." Having discovered that the initial aim is at their depth, I tell them that "staying in touch" with their higher power means the establishment of a

"daily routine." We explore what that routine might be, from familiar religious disciplines, to imaginative opportunities to attend to the creative depths within them. While this involves relaxation and meditation, it is an inherently practical behavior. As Suchocki states in describing the hiddenness of God, God turns us toward the world. The third step is not a matter of piety, but of practicality and problem-solving.

At a recent luncheon, I found myself sitting next to a woman who was an interior decorator. As we spoke, she moved through the conforming feelings that secular people sometimes have about ministers, and we began to enjoy our conversation. She told me that she was interested in meditation, but that she had no skill at it. We imagined times past, and I wondered aloud about occasions when she was faced with a demanding client for whom she might not have had a particular affinity. She smiled, and admitted that it sometimes happens. I asked her about the experience, under pressure, of "seeing" the client's home in a fresh way, imagining how it would be when it is transformed. She acknowledged the experience, and began to see how meditation is not flight from the world, but an engagement with the world, often under pressure. Her conforming feeling about mediation was idealistic, that one had to be "completely relaxed" to meditate, but her experience taught her otherwise.

That is the nature of pastoral interventions. I try not to "comfort," to subvert the action of God in fostering intensity by offering a false or shallow harmony. In the third step, people come to see that listening for God in the midst of their anger or grief or guilt exposes the dynamic of a present God.

The woman who found God in her most painful moments, whom I mentioned above, used the occasion of our conversation to ask God a practical question. She admitted to me that, against all advice, she had found her-

self getting romantically involved with one of the other patients in the recovery program. Now she was faced with the conflict of her feelings: the boyfriend she had prior to treatment, this new romance, the advice she was getting from the staff. What should she do? I encouraged her to "talk with God" about it. She took a moment to close her eyes and be still. Laughing, she told me about their conversation:

CASE STUDY: I asked God what was going to happen, and he said, "I don't know, you haven't made up your mind yet." So I asked him, "What do you think I should do?" and God said, "How do you feel about these men? What do they mean to you?" I guess I have to think about what's best for me. I'll just wait and see, I don't have to decide today.

I did a recent step with a man who accepted my invitation to explore the feelings in his heart. He spoke abstractly about his pain, giving an even-toned monologue. I asked him to take a deep breath and "let his attention follow the path" of his breathing. The feelings he found buried there led to even deeper reflections about himself:

CASE STUDY: We touched pain and sadness, and after he had grieved, we returned to listen to his heart. He now found it a place of peace, but he was puzzled by a number of "ropes" that seemed to hang down into his heart space "from above." I was fascinated by the idea, and restrained myself from offering a conjecture about what they might be. I asked him to explore the source of the ropes, and a powerful meditation evolved. The man found himself in an inner place where the ropes became the warp on a large loom. The tapestry that was still being woven illustrated the story of his life. We took some time to explore the various scenes, textures, and qualities of craftsmanship that the tapestry made manifest. He was struck by the destructive power of his addictive illness, and became rather critical and discouraged. I invited him to have God join him in the room. Even though we had previously discussed his positive ideas about God, he was reluctant to accept God's presence in this private chamber. However, he admitted God into his meditation, and was surprised to find God not critical, but supportive and appreciative. They talked about things that could be done to repair some of the damaged parts, and to accept others into the overall pattern of the tapestry.

Although neither this conversation, nor the previous woman's med-

itations did not lead to direct and conclusive action, the foundation for more effective and dynamic decision-making skills was being established.

I often need to discipline myself most clearly during the third step review, for I too, like the staff, have what I consider to be good advice. It is difficult to let solutions emerge in the way and at the speed of the patient.

Silence, Discernment, Prayer

There are silences in my accompaniment. People need time to penetrate the conforming feelings of each moment, time to move through their subjective aims, to discover God at the depths. I, too, need silence. My prayer is that I encounter this person at depth. That my interventions will emerge from God's initial aim for this moment, and not from my own projections or history of what worked well with others. I try to remember to center myself for a moment, acknowledging that this is not two bodies and minds meeting only, but also the occasion for two resurrection selves to be together, along with all those others who this person will need to welcome into our time together.

Gordon Jackson discusses the nature of silence in counseling:

God's ceaseless Activity should mean that the carer can trust the silences. In fact, we now have a metaphysical ground for the intuition that silence is creative. [The] work, within process understanding, is to encourage the client to enter into his solitude in the presence of a counselor, to get in touch with his past, which is resident within him, including his collective and personal unconscious, to open up to lures, including God's that beckon him forward, and to shape himself in the inwardness of his becoming. Solitude is the "space" in which the condescending or pulling together can take place. Silence between two people is not the same as the silence of being alone.⁵⁸

⁵⁸ Jackson, 57.

Silence between two people who are aiming together for depth and breadth is a holy thing. Often people want to get right "to the point," to figure out who God is and get the step over. But God is found at the depth. God is the depth. And the only path to the depths lies through the conscious attitudes, through the physical pole, through the person's wealth of storytelling and quiet listening.

In our silences together, the contribution which I attempt to make to the physical pole of our shared experience at its surface, is that at our depth we shall find ourselves in God. We may fall outside "ourselves," the familiar conforming feeling of whom we construe ourselves to be; but we shall not fall outside of God. That is the "basic trust" of my accompaniment.

From Monster to Hero

Process theology offers an image of God that suggests the split between good and evil, though never resolved for us as individuals, need not inevitably be projected onto God, or even a supernatural devil of some sort. Object relations offers an understanding of the emotional value, and ultimate resolution, of our monsters and devils.

As the need for the "fiction" of monsters and devils is lessened by a growing willingness to accept back into oneself the rages and cruelty we would rather not acknowledge, our fears, guilty feelings and grievings become more accessible. A tremendous responsibility is willingly accepted when people accept that their own needs and fears are the source of their destructive fantasies and impulses. Even "the committee," the AA shorthand for parts of themselves with which they would willingly disidentify, can be "dismantled" by an acceptance that "the committee" exists as an expression of legitimate-but-unmet human needs. The feelings so often judged as "bad" are keys to wholeness. This process of acceptance and self-care offers the

opportunity to see oneself as a hero, a person of dignity and compassion based on self-knowledge and self-respect.

Storytelling

Howard Clinebell says that the fundamental needs which persons in recovery seek are for meaning, trust and an experience of the numinous.⁵⁹ I have come to see that these fundamental needs are inherent in the stories which individuals carry within themselves. There is "nothing more" to add. The stories, themselves, are incarnational. The task of the pastoral counselor is not one of technique, but of discipline. She must be willing to "bear the scars" with the wounded one; to refrain from comforting, to withhold the best of advice, to listen to the stories to their depth without premature interruption.

The people who have shared their stories with me, and in doing so have glimpsed their "resurrection selves," are among the many who have transformed my understanding of myself as a helping person. As a pastoral counselor, I am no longer a technician or tactician, applying the tools of my trade to foster "insight" or "catharsis." When I listen to the stories and to the silences with others, I do not know what we will hear. My experience with people working these steps has given me the freedom to return to naivete. I am a discoverer with them. I have come to see myself as a story listener, as a midwife, as an observer of people giving birth to themselves.

Conclusion

These several chapters have focused on the first three steps of Alcoholics Anonymous. I have called them the "intervention" steps, for they cre-

⁵⁹ Clinebell, "Philosophical-Religious Factors," 477.

ate a foundation for lasting recovery.

The nature of this intervention has to do with "meaning." Step 1 challenges the denial of meaning in painful experiences: the guilt, shame and finally grief of chaotic lives. "What does powerlessness mean to you?" is the frequent question this step occasions. No matter what the individual crises of each life, the meaning each person can take from Step 1 is: "I cannot put it all together myself; indeed, I need not try any longer."

The two theories used to offer a model for the denial and longing to control were that of "co-dependence" and "object relations." Both point to the emotional vulnerabilities that potentiate addictions of all sorts. Both suggest that the addictions themselves function to replace the loss of meaning others find in relationships, with others and with God, and in self-esteem.

To affirm the power of one's experience, the inherent power to heal when the meaning of experience is more fully identified and shared, I have offered two theological themes: storytelling theology and process theology.

Storytelling theology affirms the power of every individual's own story. That is the irony, the very events and emotions that have been denied, or the missing part of the story, provide vivid opportunities for fresh understanding of the person and of the nature of God at work in each life.

Process theology contributes two further ideas. First, it challenges the cultural reinforcers of guilt by shifting the nature of our distance from God from that of an inherent (genetic) evil on our part, to that of an epistemic distance, a natural distance of understanding and maturity which insures human freedom and dignity. One might argue that the grief which Brueggemann holds to be prophetic, is shared by God. Rather than standing in judgment, God participates in our pain at the very depth of it, truly experiencing our own hurts more fully than we do ourselves.

That deep reality, that God is at our depth rather than above or over-against us, yields the second profound insight of process theology: that those memories which are opened up in these occasions of caring are actually re-experienced, not simply remembered. The "gestalt shift" of the "sanealogue" is equally true for the remembrances of pain, these events are re-entered and the power of their meaning is loosened to fresh attitudes and behaviors. However, from the context of process theology, it is not simply a matter of brain lateralization, but of the direct availability of one's own past, of others as well, in the deep and intimate nature of God.

The meaning of these theories and theologies is implicit in the quality of pastoral care they inspire. The caregiver is directly influenced and disciplined by them. It is the case studies, cited throughout this paper, that give an indication of the value that these pastoral perspectives have for the patients. Beyond the self-reports of persons who have passed through this rehabilitation program, I was interested in measuring what impact these interventions had for the men and women whose stories the chaplain's staff was hearing. The semantic differential instrument suggested itself as a method of measuring changes of meaning for "God" and "higher Power" as a result of these pastoral interventions. In the following chapters the study and its results will be reviewed.

CHAPTER 8

Research Tools and Procedures

Introduction

One of the three goals of this project, stated in the first chapter of this paper, was to explore whether the results of these pastoral interventions were measurable. It was the impression of the staff that the patients greatly appreciated the reviews of the first three steps. My first "study" of this project was a simple analysis of the patients' discharge evaluations of various program components. In fact, the statements of approval by the patients were confirmed by an analysis of their discharge evaluations, which patients are asked to fill out when they leave the inpatient program.

I analyzed these data for 2 eight-month periods and found significant uniformity of opinion among the patients about the value of the chaplain's interventions. The evaluations offered a simple 1-to-5 scale of the patient's impression of each category of service provided by the hospital. (For Table 1, M refers to the mean overall rating for each program element, Min and Max refer to the low and high means for each rating. SD refers to the standard deviation among ratings for each element, and Diff is the simple difference between high and low means for each category. Each category is listed according to mean overall rating, increasing down the column for both lists.)

I have separated the direct therapeutic interventions, the four elements at the top of the list, from the other program elements which were rated in these evaluations. With regard to the chaplain's services, these

Table 1
Average Program Ratings Across 16 Months for 14 Program Services

	<u>M</u>	<u>SD</u>	<u>Min</u>	<u>Max</u>	<u>Diff</u>
Individual Counseling	4.11	0.32	3.53	4.60	1.07
Family Therapy Program	4.25	0.20	3.93	4.62	0.69
Aftercare Planning	4.34	0.23	3.89	4.74	0.85
Group Therapy	4.54	0.17	4.26	4.80	0.64
Chaplain Services	4.71	0.12	4.47	4.87	0.40
Physical Therapy	3.31	0.55	2.15	4.32	2.17
Occupational Therapy	3.47	0.44	2.71	4.60	1.89
Program Orientation	3.47	0.29	3.00	4.00	1.00
Step Classes	3.61	0.24	3.15	3.95	0.80
Food Services	3.63	0.31	2.83	4.28	1.45
Patient Lectures	4.13	0.21	3.77	4.53	0.76
Reading Materials	4.30	0.19	3.81	4.63	0.82
AA/NA Programs	4.32	0.22	3.83	4.59	0.76
Staff (general)	4.32	0.25	3.78	4.70	0.92

Note: Five-point scales: 1-low/unsatisfactory, 5-high/outstanding

findings show two characteristics. First, that the chaplain's interventions are considered very valuable to the patients, Second, the chaplain's services reflect the most consistent rating among the patient evaluations.

While this survey does not distinguish among the services provided by the chaplain, i.e., second and third steps (during which the first step review occurs), fifth steps, and lectures, it gives support to the patients' informal reports that the second and third steps are of considerable importance in the process of recovery. (Obviously, for some patients, the second and third steps are relatively more important than for others. The relative value of various chaplain services to the patients is discussed in Chapter 10.) While this information was encouraging, it did not shed any light on the nature of change taking place for the patients, or of the source of this appreciation; was it the lectures, the fifth steps or the second and third step reviews? The choice of research instrument would provide more precise data, and an appropriate study procedure could isolate the second and third step intervention for evaluation.

Research Tools

The semantic differential test was used.¹ This test is designed to measure the subjective meaning of various concepts. The choice of this test reflected my interest in how the patients changed the way they thought about God or a "higher Power" as a result of the chaplain's intervention. I chose this test, additionally, because it respected the power of words to convey the varieties of meaning in discourse. My informal study, above, had suggested that these patients appreciated the chaplain's interventions, but it did not address what that appreciation reflected. Was it a change in how they felt about God, or what they believed about God? Was it a change of valuation of their beliefs, or did it just reflect the impression that we chaplains were nice people with whom to talk?

A questionnaire was designed with which to associate the standardized adjectives that the instrument uses to measure three dimensions of meaning: evaluation, potency and activity. Each questionnaire, outlined in Appendix B, contained 24 statements. These statements were designed to reflect 6 different aspects of a relation to God: affection, hostility, judgment, intimacy, nurture, and belief. Each aspect of the relation was reflected in two statements.

The statements were presented twice in each questionnaire, once with "God" and once with the AA phrase "higher Power," to explore the possibility of differences in attitude concerning these two. The statements were designed to explore six dimensions of the individual's relation with God. They are as follows:

¹ Charles Osgood, George Suci and Percy Tannenbaum, The Measurement of Meaning (Urbana: Univ. of Illinois Press, 1961).

Affection: (1) God loves me just I am. (2) I love God.

Hostility: (1) I am angry with God. (2) God is angry with me.

Judgment: (1) God makes me feel guilty. (2) God punishes wrongs.

Intimacy: (1) I know God personally. (2) God knows me personally.

Nurture: (1) God is kind. (2) God forgives me.

Belief: (1) I believe in God. (2) God has helped me at some time in my life.

The statements were designed to explore in what ways attitudes about God (or "higher Power") were affected by the second and third step reviews. Object relations theory suggests that if the thesis is true, i.e., "The chaplain's step 2 and 3 intervention fosters a positive change in the patient's attitudes about "God" and higher Power," the characteristics of belief, nurture, intimacy and affection would reflect stronger affirmations of potency, activity and evaluation. On the other hand, those of hostility and judgment would shift to less strong attitudes, reflecting less need to defend and project these dimensions between the subjects and their "higher Power."

Furthermore, the questionnaire was designed to measure attitudes along three basic dimensions: evaluation, potency and activity.² The evaluative factor refers to the attitudinal variable in thinking, it is the "good or bad" dimension. The potency dimension refers to the strength inherent in the idea, its perceived power. The activity factor is concerned with qualities such as warmth or movement, the vitality of the idea. For instance, a person might approve of a rock, think it strong, but feel that it is not particularly active. Matched adjectives are used to scale these attitudes. They have been standardized by the authors of the semantic differential test and studied for

² Ibid., 72-3.

their reliability to measure these variables.³ The adjectives used in the questionnaire were:

Activity: fast/slow, light/heavy, excitable/calm

Potency: soft/hard, shallow/deep, blunt/sharp

Evaluative: good/bad, beautiful/ugly, healthy/unhealthy

In this case, support of the thesis would come from positive shifts in these test dimensions. Whereas the statements themselves would give an indication of the content of changed attitudes, these dimensions would indicate the qualities of the attitudes which revealed change.

Method

This research was conducted over a period of three months, from January 14, 1986 to April 16, 1986. Each person admitted to the Inpatient Adult and Adolescent units of the hospital during this time, whose second and third step review was to be done with the fulltime chaplains, was invited to participate in the study. There were no refusals. As the demographics show, the study group tended to be young and were mostly male.

The pretest was administered within 24 hours prior to the chaplain's appointment and within 48 hours afterwards. A brief family history and personal profile was included when the test was administered and instructions were given. (The Profile Form is shown as Appendix C.) The statements regarding "God" and "higher Power" were randomized for the pre- and post-tests.

The chaplain's interview was not an optional part of the treatment program, so, like many clinical studies, this study may only be considered quasi-experimental. The intervention was not withheld from a select group

³ Ibid.

of patients to create a controlled study. In that case, the findings of this study are descriptive, having direct implications and significance only as a measurement of these patient's pre- and post-test attitudes with regard to these interventions. The "t-test" calculation was used to discover whether the data indicated change at levels of significance.

After the data were collected and evaluated, follow-up interviews to assess the long-term impact of these interventions were conducted. These interviews were conducted with patients who had been out of the program for periods of 2 months to five years. Their expectations for the second and third step reviews were associated with their impressions of the value of these interventions. The results of these interviews are reviewed in the next chapter, with the findings of the study.

Confidentiality

This study was conducted under the supervision of the hospital's Research Committee, a professional committee charged with protecting the patients' statutory and ethical rights of confidence. Each patient was asked to sign a form understanding the use to be made of the data which was collected, and giving their specific approval to use such information. The information and confidentiality form is duplicated as Appendix D.

Conclusion

The inpatients of this addiction rehabilitation program expressed their appreciation for the work of the staff chaplains. However, these expressions of approval do not provide any basis on which to evaluate the thesis of this study. The semantic differential instrument offers a method to explore several dimensions of the patients' attitudes about their relationship with "God" or their "higher Power." The results of the study are presented in Chapter 9.

CHAPTER 9

Research Findings

Introduction

A sample of 24 patients responded to the series of pre- and post-interview questionnaires concerning their belief in "God" or a "higher Power." This chapter presents a description of the demographic characteristics of the sample population, the results of statistical analyses performed on several rating scales, and the results of interviews with a selected number of program graduates.

Demographics

The sample was comprised of 20 males and 4 females with a mean age of 29 years (See Table 2, below). Over one-half, 54%, of the respondents were single (never married) while an additional 29% were single as a result of divorce. The distribution of occupations were concentrated in the technical and academic (student) fields. While the average income was \$58,000 per year, (rather typical of the community which the hospital serves), the average level of education was 12 years, a figure which is below the community norm for adults. Catholics, Protestants, and those professing no particular religion were approximately equal in distribution. Their expressed religious sentiment showed no particular interest or disinclination.

The sample was nearly evenly split between those with primary drug problems (58%) and those with alcohol as their primary diagnosed difficulty (42%). Although both categories showed mixed drug use.

Information regarding certain characteristics of the respondent's fam-

Table 2
Sample Demographic Characteristics

	<u>M</u>	<u>SD</u>
Age	29.46	14.97
Income (household, in thous.)	58.1	44.18
Education	12.12	2.07
Perceived Importance of Religion (1=very important, 5=very unimportant)	2.53	1.26
	<u>f</u>	<u>%</u>
Sex		
Male	20	83.33
Female	4	16.67
Marital Status		
Married	7	29.17
Single	13	54.16
Occupation		
Student	8	33.33
Technical	7	29.17
Laborer	4	16.67
Credit/Banking	2	8.33
Sales	2	8.33
Administrative	1	4.17
Religion		
Catholic	6	25.0
Protestant	9	37.5
None	7	29.17
No preference	2	8.33
Diagnosis		
Drugs:primary	14	58.33
Alcohol:primary	10	41.67

ily history was obtained to examine the possible linkages between the family of origin and the respondent's current problem (See Table 3, below).

The respondent's parents were slightly more likely to have divorced or separated than were their grandparents. Of greater interest, however, is

the prevalence of alcohol problems in the respondent's family history.

Table 3
Family History

<u>Scale</u>		Father's father	Father's mother	Mother's father	Mother's mother	Father	Mother	Respondent
Marital Status	Married	20	15	22	22	16	14	4
	Remarried	2	0	2	1	4	6	1
	Divorced/sep	2	1	0	0	4	2	7
	Widowed	0	4	0	1	0	2	0
	Single	-	-	-	-	-	-	13
Living (yes)		8	17	4	10	17	22	-
Addiction								
	Drugs	2	0	0	1	5	2	12
	Alcohol/pot	11	5	15	6	14	6	11
	None/unkn.	11	19	9	17	5	16	1
Religion								
	Catholic	4	4	10	8	6	8	6
	Protestant	7	10	6	5	8	9	9
	Other	0	0	1	0	0	2	0
	None	1	2	1	3	5	4	7
	Unknown	12	8	6	8	5	1	2

Note: N = 24 for all scales. Importance of religion: 1 - very important, 5 - very unimportant.

Approximately 40% of the respondent's parents and grandparents were addicted to alcohol and 7% were addicted to drugs. The 40% figure is certainly high, and tends to affirm that those whose parents and grandparents are addicted are at risk, themselves, for the disorder. From this small sample, however, no specific conclusion may be drawn. Indeed, it seems remarkable that over half of the respondents deny that their immediate ancestors had such a problem. It is interesting to note that the perception of addiction among other family members is heavily slanted to the fathers and parents' fathers. Also, that the strength of religious sentiment is perceived to be matrilineal, the strongest religious sentiment among these respondents being identified with their mother's mother.

Results of the Semanitic Differential Study

The sematic differential technique was used to assess pre- and post-interview change in the respondents' evaluation of "God" or "higher Power." The mean ratings for the six scales on which the concepts were rated are presented in Table 4.

Table 4
Pre-Post-Test Differences on Six Scales Collapsed on Dimension

Scale	Pre		Post		t
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Judgment	3.70	0.51	3.59	0.68	0.53
Hostility	3.82	0.60	3.67	0.62	0.70
Nurturance	3.43	0.51	3.42	0.59	0.08
Affection	3.33	0.70	3.39	0.61	0.04
Belief	3.27	0.70	3.39	0.61	0.87
Intimacy	3.56	0.54	3.48	0.62	0.49

This implies that there was no significant change in the overall subjective evaluation by the 24 subjects of these factors, when all three qualities of meaning (potency, activity and evaluation) are merged for the six aspects of their relation with "God" or "higher Power."

A significant artifact does emerge when the three qualities of meaning are independently associated with these six aspects of relatedness to "God" or "higher Power."

Table 5 shows the means for the six rated scales for each of the three dimensions of activity, potency and evaluation. Three of the six scales, belief, intimacy and nurture, demonstrated statistically significant pre- to post-

test change, at various levels of significance, within the evaluative dimension. In each case the change was in a more positive direction. Scales assessing the activity and potency dimensions failed to detect any pre- to post-test change.

On the evaluative scale, there were significant positive changes, (at the $<.10$ level), in their attitudes about belief in God; and significant positive changes, (at the $<.01$ level), in their attitudes about intimacy and nurture between themselves and God. To explore the meaning of these changes, interviews with a group of treatment graduates were done to assess these findings in the light of their personal experience, and their subsequent evaluation of the chaplain's intervention. (See Table 5, below.)

The discovery of these findings when the focus is shifted from the six aspects of relatedness to "God," to the function of each dimension of activity, potency and evaluation, suggests that the changes experienced by virtue of the chaplain's intervention did not evenly affect all the ways they understand their relation to "God." In fact, all significant change occurred in the dimension of "evaluation," i.e., as a matter of preference and valuation rather than inherent vitality (activity scale), or influential power (potency scale.) Also, the only aspects of the relation that showed significant change were belief (less significantly), intimacy and nurture. The implication is that, for these subjects, their positive "feelings" about "God" or "higher Power" changed in some ways, while their actual beliefs about the nature of "God" did not.

Of the three significant artifacts, the level of significance for the finding on "belief" did not seem to warrant further investigation, it is an implication of meaning only. For the findings concerning "intimacy" and "nurture," their levels of significance indicated a measurable outcome from

the intervention of some importance. It seemed worthwhile to further eval-

Table 5
Pre-Post-Test Differences on Six Scales by Three Characteristic Dimensions

<u>Scale</u>	<u>Pre</u>		<u>Post</u>		<u>t</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
<u>Evaluative Dimension</u>					
Judgment	4.24	1.49	4.31	1.81	0.38
Hostility	4.77	1.62	4.82	1.72	0.30
Affection	2.12	0.94	1.97	1.10	0.99
Belief	2.14	1.07	1.96	0.90	1.70*
Intimacy	2.62	1.18	2.20	1.04	3.12***
Nurture	2.31	1.22	1.85	0.97	3.34***
<u>Activity Dimension</u>					
Judgment	3.89	1.02	3.71	0.83	0.98
Hostility	3.83	0.99	3.68	1.10	0.79
Affection	3.81	0.88	4.04	1.04	1.52
Belief	3.53	0.86	3.80	1.10	1.41
Intimacy	3.92	0.72	4.07	0.85	0.90
Nurture	3.87	0.71	3.88	1.06	0.08
<u>Potency Dimension</u>					
Judgment	3.61	0.76	3.39	0.77	1.44
Hostility	3.56	1.06	3.56	1.02	0.05
Affection	3.75	0.70	3.88	0.91	0.95
Belief	3.64	0.86	3.73	0.80	0.47
Intimacy	3.88	0.82	4.01	0.90	0.74
Nurture	3.87	0.70	3.78	0.87	0.61

Note: N = 24 for all analyses. * $p < .10$. ** $p < .05$. *** $p < .01$.
Smaller means are in the positive direction.

uate these data with the omega test, a measurement of the significance of research findings. This formula is designed to indicate the effect of a variable, its predictive value for a given result. The omega value for the intimacy factor was 27%, and for the nurturance factor it was 30%. These are both considered small effect sizes.*

A final note on research findings indicated that there was no significant difference in the patient's attitudes concerning "God" and "higher Power." This means that these two terms signify the same thing for each person, and carry the same valuation. One cannot imply that these two terms refer to identical concepts from person to person, but it can be assumed that the term "high Power" refers to a significant concept.

Graduate Interviews

Six program graduates were interviewed. These interviews were taken to provide further anecdotal information about attitudes the patients have concerning the second and third step reviews. In this case, the information was to explore what impressions remained after graduation from the program. These patients were chosen with their attitudes about the second and third step reviews in mind. Two of the interviewees remembered looking forward to the chaplain's second and third step review appointment with anticipation, two recalled feeling ambivalent, and two had felt reluctant.

For the ambivalent and reluctant patients, the element of continuity seemed important. Even though these patients had a variety of expectations about the second and third step meetings, four of these previous patients

* Jacob Cohen, Statistical Power Analysis for the Behavioral Sciences 2nd ed. (Hillsdale: Erlbaum, 1988), 23-6.

Table 6
Relative Value of Chaplain's Activities as a Function of Anticipation of 2/3 Step

<u>"Most important feature:"</u>	<u>2/3 step</u>	<u>4/5 step</u>	<u>Lectures</u>	<u>"All"</u>
Positive Anticipation	2			
Ambivalent				2
Negative Anticipation		1		1

had specific memories of the intervention or recalled it as particularly helpful. Half of them observed that during this step review they came to see that God had "been with [them] all along, a discovery that reflects the dependent characteristic of "undervaluing" the transitional object.

Obviously, these patients were members of a self-selecting group that were motivated to remain active in the process of recovery. Their positive attitudes have been supported and enriched by participation in AA and post-hospitalization support groups. What these interviews indicate is that the second and third step review offered them the opportunity to begin a process of understanding themselves and God in a new way. (See Appendix E for verbatims of these interviews.)

Conclusion

While the semantic differential instrument yielded significant results for three elements of the subjects' relations with God, these results must be interpreted with a great deal of restraint. Their meaning, beyond their raw statistical significance, is limited and can be expected to predict a particular effect less than one-third of the time. The follow-up interviews with graduates of the program does suggest that this pastoral intervention does leave lasting impressions which are built upon by continuing participation in the 12 step programs.

CHAPTER 10

Final Conclusions and Implications

Introduction

This chapter discusses four aspects of the study: (1) the choice of research instrument and procedures, (2) the implications of these findings for the theories presented in the thesis, (3) topics of further study suggested by this study, and (4) the direct changes in pastoral care that resulted from this study.

The Research Tool and Procedures

The semantic differential tool was chosen for its sensitivity to the power of language. In retrospect, it seems to have been a good choice of instrument. The ability to distinguish between dimensions of evaluation, potency and activity as well as to study the six characteristics of the subjects' relation to God makes the inferences of the following section possible. It established its value as a research tool by discovering changes in attitude in a remarkably brief time frame.

The instrument indicated the ways in which these subjects changed their understanding of God as measured in a 56-hour time frame. That time frame was used to attempt to exclude as many other treatment variables, such as AA meetings or readings in the literature, as possible, and so focus only on the affect of the second and third step review. This procedural design was unfortunate, for an attempt at a longitudinal study would have provided helpful information about the nature and duration of change; even if it meant there could be no control over treatment variables. Such a longitudinal study, even if conducted with a single follow-up questionnaire at the

end of the treatment stay, could have provided suggestive information about the subsequent chaplain intervention at step 5.

Implication of Findings

While the case studies and research focused on those interviews done by this chaplain, the data that reflect patient's evaluations indicate that these findings reflect dynamics experienced by patients with several chaplains. Over the course of the last seven years two full-time chaplains, three seminary interns and two part-time chaplains did second and third step interventions. The data presented in Chapter 8 indicates that the patients' positive ratings were consistent over time and with a variety of chaplains.

It is meaningful that the measurable changes came in the dimension of evaluation rather than potency or activity. The implication seems to be that the second and third step review did not change the patients' convictions about God in terms of their inherent strength to each patient. These convictions were neither more "potent," nor were they more "active," i.e., the depth and intensity of their beliefs were not changed in this intervention. However, the patient's positive feelings, their attitudes, about particular aspects of their relation to God changed.

Their attitudes about belief in God showed a marginal change in positive evaluation. These subjects felt somewhat more positive about believing in God. This was the one "objective" quality that was studied. The other qualities, affection and hostility, judgment, nurture and intimacy, seemed more "subjective," matters of experience and relationship rather than simple judgment of fact.

These subjects experienced positive shifts in their attitudes about intimacy and nurturance experienced in relation to God. It seems significant

that of the five identified qualities: affection, hostility, judgment, nurture and intimacy, the two that one would assume to be most nearly modeled by the chaplain staff, i.e., nurturance and intimacy, are those that reflected significant change. The conclusion seems to be that the research tool identified change in those dimensions corresponding to the subjects' actual experience with the chaplains. Put another way, the patients found the chaplains to be nurturing and willing to engage in intimacies ("personally known").

The direct, measured effect of the step review, was the association of nurturance and intimacy, experienced with the chaplains, with the patients' impressions of God. As a secondary effect, and therefore less significant, one might imply a change in the evaluation of belief in God, making that slightly more attractive.

In terms of the psychological theory of object relations, these findings appear to support the premise that an experience of caring from another person has an effect on the attitudes patients hold with regard to their "transitional objects." These patients, for the most part, would be of the "merely dependent" type, those who have a meaningful transitional object, but who "undervalue" it. Apparently, the quality of their time with the chaplain affects their attitudes about God.

These findings do not provide strong support for the theological thesis that this intervention prompts individuals to move directly from a guilt-based relation with God to one of understanding motivated by a search for wisdom, as an immediate result of this particular interview. The scales for "judgment" did not change.

A remarkable thing was that, in the interviews with program graduates, the experience of self-acceptance and acceptance by God was much more clearly expressed. One might conclude that, as the psychiatrist quoted

in Chapter 4 remarked, this intervention is a "marker," a vivid experience of what these patients may come to incorporate into their own understanding of God through similar experiences in the context of the support they find for themselves in recovery. The dynamics of change concerning guilt and judgment would require a longitudinal study to be fully understood.

Topics for Further Study

The categories of addiction which I identified in Chapter 4 suggest that "paranoid" types should have difficulty discovering a healing and positive God. I have not found that to be the case. In my experience, I have only had one person determine that he had no concept of a higher Power. He was subsequently discharged for malingering, a suggestion that he was not particularly motivated to find such a power. My impression is that the elaboration of the higher Power by paranoid types does tend to be non-anthropomorphic and more conceptual than most others, taking the form of "floating in a tide pool," or "the sun." The possibilities of relatedness with these forms of the higher power seems restricted. The conversations with these people are usually less lively.

Yet, my impression is that these people respond unexpectedly well to well-defined treatment. They have progressed to the grandiose pattern of addiction, and their limited descriptions of the higher power reflect the level of their narcissism. They will need long-term care to discover and express their limitedness and neediness. Their first images of God will inevitably be devitalized by the assumption of power and omniscience into their inflated sense of self.

A longitudinal study of these paranoid types would cast light on the process of developing basic trust in adults. It would explore the nature of "traitedness" as opposed to "character disorder" with regard to deeply-es-

established narcissism, and perhaps illuminate how some people with very limited prognoses (people with "dual-diagnoses") recover while others do not.

One of the ways such a longitudinal study could be conducted would be to explore a patient's attitudes with regard to "the devil." For paranoid types, their relation to the devil should reveal changes in the potency and activity of such a concept as their impulse to "split" is diminished over time.

A longitudinal study of recovering alcoholics concerning their attitudes about God's judgmental qualities would also be informative. It would provide information about the ways that education and acceptance alter their typically strong feelings of guilt.

Changes Facilitated in Pastoral Care

Two clear changes in the nature of pastoral care in this setting have emerged as a result of this study.

First, very early in the patient's entry into the rehabilitation program, each person is given a "spirituality worksheet." The questions on this sheet are presented in Appendix F. The questions on the worksheet are predicated on the assumptions of object relations theory, and are found to offer reliable assessment of the patients' strengths and needs in terms of spiritual development. The worksheet includes an important question about the individual's understanding of the devil. This particular question has been very effective in identifying those patients of the "paranoid" type. The stronger their impressions of the power of the devil, the more likely a patient is to manifest patterns of splitting in their general behavior and attitudes. That is, the more likely they are to project the responsibility for their pain and interpersonal difficulties on to others.

The worksheet also includes two projective exercises. The patient is to

draw a picture of his or her "family," and to draw a picture of God. Both of these drawings give direct insights into the quality of relationships the patient has experienced. The family drawing often gives clues about paradigmatic events, for the patient is asked to identify her or his age in the scene that is drawn. Often this age is a time of dramatic change, an indication of a developmental step yet to be accomplished. The drawings of God are equally informative, for they portray a God near or close, abstract or personal, wrathful or compassionate. These assessments are done very early in the rehabilitation process, and so give the chaplain an opportunity to assess the patient's predominant emotional pattern before the second and third step occurs. Additionally, the assessment gives each patient a chance to reflect on family memories, values, and their current feelings and beliefs about God.

A second, less specific change, has been fostered by this study. I have found myself more assertive about the role of the chaplain in the recovery setting. These interviews have led me to understand that recovering people are willing to discuss what they believe, when they can trust it is done in an accepting environment. Even agnostic and atheistic patients have expressed appreciation for the time we have spent together, clarifying what their lives and values mean to them. Surprisingly often, patients conclude that they do have theistic beliefs, that God "has been with them all along," as one of the follow-up interviewees put it.

With the use of the spirituality worksheet as part of the early assessment of patients, the chaplain becomes a source of valuable projections of each patient's needs and likely attitudes. The staff has an additional resource in understanding and anticipating the needs of each patient.

Conclusion

While the thesis of this study was not conclusively confirmed in all of

its operationalizations, the suggestive evidence of the study implies that the dynamics of object relations was at work among these subjects. Longitudinal studies would be needed to study the assumed changes of these patient's attitudes about God at depth.

The direct benefits of this study were the development of a theoretical framework to conceptualize the role of the chaplains' interventions; the development of the "spirituality worksheet" to evaluate the strengths and needs of each patient at an early point in their rehabilitation; and the affirmation of pastoral care as a valuable asset in even the earliest stages of recovery.

Appendix A

HOW IT WORKS

from: Alcoholics Anonymous*

[This passage from the book Alcoholics Anonymous is used as the introduction to most AA meetings, and is reprinted here with permission from Alcoholics Anonymous World Services. It is heard often enough to be quite nearly memorized by any member who attends meetings with any regularity. It is a brief statement of the AA philosophy.]

Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. Their chances are less than average. There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.

Our stories disclose in a general way what we used to be like, what happened, and what we are like now. If you have decided you want what we have and are willing to go to any length to get it--then you are ready to take certain steps.

* Alcoholics Anonymous, 58-60.

At some of these we balked. We thought we could find an easier, softer way. But we could not. With all the earnestness at our command, we beg of you to be fearless and thorough from the very start. Some of us have tried to hold on to our old ideas and the result was nil until we let go absolutely.

Remember that we are dealing with alcohol--cunning, baffling, powerful! Without help it is too much for us. But there is One who has all power--that One is God. May you find Him now!

Half measures availed us nothing. We stood at the turning point. We asked His protection and care with complete abandon.

Here are the steps we took, which are suggested as a program of recovery:

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Many of us exclaimed, "What an order! I can't go through with it." Do not be discouraged. No one among us has been able to maintain anything like perfect adherence to these principles. We are not saints. The point is, that we are willing to grow along spiritual lines. The principles we have set down are guides to progress. We claim spiritual progress rather than spiritual perfection.

Our description of the alcoholic, the chapter to the agnostic, and our personal experiences before and after make clear three pertinent ideas:

- (a) That we are alcoholic and could not manage our own lives.
- (b) That probably no human power could have relieved our alcoholism.
- (c) That God could and would if He were sought.

Appendix B

Semantic Differential Questionnaire

The semantic differential questionnaire had 24 pages of one-sentence concepts to respond to, by making a mark on a continuum between matched sets of adjectives. The sentences are provided below, grouped according to the quality that they were designed to explore in the subject's relationships with God. On the following pages are the questionnaire cover sheet and a sample page from the questionnaire.

Statements in the Questionnaire

Affection: (1), God loves me just as I am. (2), I love God.

Hostility: (1), I am angry with God. (2), God is angry with me.

Judgment: (1), God makes me feel guilty. (2), God punishes wrongs.

Intimacy: (1), I know God personally. (2), God knows me personally.

Nurture: (1), God is kind. (2), God forgives me.

Belief: (1), I believe in God. (2), God helped me at some time in my life.

These questions were randomly presented. They were presented twice; once with "God," and once with the phrase, "higher Power." Below each statement were the matched pairs of adjectives that have been standardized to measure attitudes regarding potency, activity and evaluation. The

matched pairs include:

potency: soft/hard, blunt/sharp, deep/shallow

activity: fast/slow, excitable/calm, heavy/light

evaluation: good/bad, ugly/beautiful, healthy/unhealthy

On the following page is the cover sheet which explained the questionnaire which was given to the subjects. On the page after the cover sheet is a copy of one of the 24 pages of the questionnaire.

Second and Third Step Reflections

The following pages will give you the opportunity to think about the second and third steps. These steps talk about the role of "God" or "higher Power" in recovery. While the information from your answers will be used to study how the chaplains can best help you and others in this program, for you this is a chance to explore your own feelings. This is not a test. There are no right or wrong answers. **INSTRUCTIONS:**

On the following pages you will see several sets of words that can be used to describe things. There will be a sentence that refers to "God" or "higher Power." Below will be nine sets of words. Some of the sets of words will seem natural, but others might seem strange to use with the idea in the sentence. While you are probably familiar with phrases like "a sharp mind" or "a hard thing to say," thinking of ideas as "fast" or "slow" may seem odd. Just use your own feelings and first impressions. There are no right or wrong answers. Please work rapidly by putting a check mark in one of the boxes between the two words that reflects your reaction to the idea of the sentence. When you do not have a strong impression, just put your check in the middle of the two words. Your first impressions are generally the most reflective of your true feelings. You may find the 24 statements repetitive, however, please respond to each set of words. This questionnaire is not to see if you agree with the sentence, (you may agree with none of them, or all). It is to see how you react to the idea. Thank you. **EXAMPLE:**

I think ice cream is good for breakfast.

beautiful: ☐ ☐ ☒ ☐ ☐ ☐ ☐ : ugly

fast: ☐ ☒ ☐ ☐ ☐ ☐ ☐ : slow

healthy: ☐ ☐ ☐ ☐ ☐ ☐ ☒ : unhealthy

page 7
[specimen page]

God makes me feel guilty.

fast: [] [] [] [] [] [] [] [] :slow
excitable: [] [] [] [] [] [] [] [] :calm
soft: [] [] [] [] [] [] [] [] :hard
good: [] [] [] [] [] [] [] [] :bad
blunt: [] [] [] [] [] [] [] [] :sharp
deep: [] [] [] [] [] [] [] [] :shallow
ugly: [] [] [] [] [] [] [] [] :beautiful
healthy: [] [] [] [] [] [] [] [] :unhealthy
heavy: [] [] [] [] [] [] [] [] :light

Appendix C
Patient Demographics Sheet

The following page indicates the demographic data that were gathered from each patient during the initial pre-test interview.

Family History/Personal Data Questionnaire

Confidentiality Code:_____

Family schema:

Include:

a. religious affiliation

b. very important:1-5

c. addicted?

(for grandparents
and parent figures)

Code:

Male: ☐

Female: 0

Divorce: D/

Death: X

Personal data:

Age:_____ Gender:_____ Occupation:_____ Household income

Education:_____ Marital status:_____ Religious Affiliation:_____

Important: ☐ ☐ ☐ ☐ ☐:Unimportant

How often attended worship last year:_____

How often prayed last week:_____

Diagnosis: 1.

2.

3.

Appendix D**Patient Release Forms**

Below is the patient release form, designed with the Research Committee of Peninsula Hospital, which each subject was given prior to participation in the study. On the following page is the cover sheet that accompanied every release form. It was designed to explain the nature of the study and its goals:

Patient's Release: I, _____, give my permission to the Chaplain's Department of Peninsula Hospital and Medical Center to collect the information described in the cover sheet in a secure and confidential manner.

I understand that this information will not be collected into a file which includes my name, and will not be used in any way which risks my anonymity.

I UNDERSTAND THAT I MAY RESCIND THIS PERMISSION AT ANY TIME
WITHIN SIX (6) MONTHS OF MY DISCHARGE FROM PENINSULA HOSPITAL BY
CONTACTING ROBIN CRAWFORD AT THE FOLLOWING ADDRESS:

Rev. Robin Crawford
Peninsula Hospital Chaplain's Department
1783 El Camino Real
Burlingame, CA 94010
phone: (415)-872-5960

PATIENT'S SIGNATURE: _____ Date: _____
WITNESS' SIGNATURE: _____ Date: _____

PATIENT RELEASE FOR RESEARCH DATA COLLECTION

The Project: Currently the Chaplain Department at Peninsula Hospital is routinely consulting with patients of the A.D.R.C. program who are studying their Second and Third Steps of the Twelve Steps of Alcoholics Anonymous. This consultation is designed to help the patient clarify the meaning of "God" or "higher Power" according to the A.A. program, where the phrase "...as we understand Him..." in the Third step makes it clear that every individual may have a unique way of expressing what their Higher Power is.

The Purpose: The goal of this research project is to measure how effective the chaplain's interview is. This will be done by using a research tool called the Semantic Differential to measure the change, if any, in meaning of the ideas of "God" and "higher Power" before and after the chaplain's interview. In addition, other information about the life experiences and family characteristics of the patients will be taken to see if these differences affect their ideas about the meaning of "God" or "higher Power." Finally, by studying responses to both the word "God" and the phrase "higher Power," we hope to see if they mean the same thing to the people that we interview.

This study will provide useful information to the Chaplain and the A.D.R.C. Departments of the hospital. In addition, it will meet part of the requirements for the degree of Doctor of Philosophy for Robin Crawford, M.Div.

The Information: For the purposes of this study, the following information will be collected to see how life differences may affect a person's understanding of "God" or "higher Power:"

1. Each patient's responses to the Semantic Differential questions.
2. Family history and personal information.
3. Medical Diagnosis. (This is the only information to be collected from the hospital chart.)

Confidentiality: The patients' rights to privacy and security of personal information will be protected throughout this study. To insure that no information may be identified with a particular patient, only a code will be used to identify each patient's file. These code numbers will be kept in a separate file from the information itself. Both the files and the codes will be held in secure storage.

Appendix E

Graduate Interviews

These brief verbatims reflect the conversations I had with program graduates. These are interviews with persons who successfully completed the program and continued to support their recovery by participation in AA.

With each of these interviews, I asked these four questions:

1. How did you feel about God prior to your second and third steps?
2. How did you feel about yourself prior to your second and third steps?
3. How did you feel about God after your second and third steps?
4. How did you feel about yourself after your second and third steps?

August, 1983 graduate; adult female, negative expectation of 2/3 step review.

"I felt frightened and paranoid. I thought they were messing with me, and that it was all for them."

1. I felt resentment toward God, but I needed him. I felt like he was there for other people, but not for me. I was to help him, but I was not his prime concern. And I felt grief about that. [She then explained that she had previously lost her husband and her son, and she had been wondering why she had been born.]

2. I felt tired, beaten, without direction. I wanted to leave. I saw nothing I wanted.

3. I felt very close. Reconciled. He was there for me, and had been but I didn't know it. I felt like a child--on a pink cloud. My mother hadn't come up here for me, like she did when my brother was in here. But God saw me the same way [as her brother, caringly]. I began to separate God from my mother. Questions began to get answered. I hadn't been able to talk, think, feel. Everything had been grey.

4. I felt like a child. Like maybe some of the things I valued were of value. Even if my family didn't, they were still worth holding on to. I was idealistic. I didn't have to see it all through my mother's eyes; their denial, anger, pain. Now somebody is on my side, God, and he always was there.

(She was one of the patients who said all of the elements of the chaplain's service were important to her. "I needed all of it to gain trust. One exposure was not enough.")

January, 1987 graduate; adult male, positive expectation of 2/3 step review:

1. I always felt there was a God, [but I had] no idea how to find him. I visited many churches, it just wasn't working. I wanted a more understanding God than I was taught. That one was judgmental.
2. I felt like I let a lot of people down again, that I couldn't do anything right. I had confusion about my own moral judgments and values, and I couldn't live up to my own standards.
3. How can I explain it? It gave me some hope that I am OK and God is understanding, not as judgmental as I thought, and it was me beating myself
4. I have allowed God's light to shine through me, just being myself, not judging myself. Being the best person I can be, helping others and putting others first. Then my needs get met, even faster. I didn't know what God's will was for me. I heard what God's will isn't for me!

(He had looked forward to the 2/3 step review and found it the most helpful of the chaplain's services.)

November, 1986 graduate: adult female, positive expectation of 2/3 step review:

1. I always felt that God was loving and forgiving, that he is with us all the time. He saw and disapproved of my drinking. Perhaps I hadn't stopped to listen.
2. I was filled with shame and guilt. I had considered myself religious, I believed in God and prayed.
3. God renewed me in a positive way. I could pray with confidence that I was forgiven. I understood myself and my disease.
4. I was restored, in fact new. It was almost like a baptism I would say.

(She felt that the 2/3 step review was the most important chaplain service for her. She talked about a vivid image that had come to her during the step: "I saw a gate, like one in a garden, open to me.")

August, 1988 graduate: adult female, ambivalent about 2/3 step review:

1. I felt numb about God.
2. Not too good, I was in limbo.
3. I felt much better. He had been with me all along. I never did break communication. I'm here for a reason.
4. I like myself better. I wasn't such a bad person after all. I am a special person to God, and myself. I started to feel like my old self. I grieved [the loss of a premature infant, born while she was addicted to cocaine] and felt better about the death of my son. I came in thinking I was a murderer, and left thinking I had an illness.

(She states that she "got a lot" from all of the chaplain's services, but got the most from the continuity of seeing us.)

November, 1987 graduate: adult male, ambivalent about 2/3 step review:

1. I thought God had left me, but he hadn't left me. It was the other way around. I had made a promise after my suicide attempt, "I will live again." I knew he was around. I used to pray in my addiction: No answer. Just before the height of my addiction I used to say "Thanks" to God. That ended.
2. I had no self-esteem. I felt worthless.
3. I realized he never left me. I know I can't do it alone. I have so much faith inside. Before I was crying because of pain, now because I'm happy.
4. I felt real good. Brand new, refreshed. Stuff I hadn't talked about I told him [the chaplain], how difficult it was to grow up. God had never left me.

(He quoted one of the lectures as offering him a helpful insight and talked about the importance of the steps, and concluded how it "all worked together" for him.)

April, 1985 graduate: adult male, negative expectation about 2/3 step review:

1. I felt God was punishing, angry, that he didn't love me. He was not interested in me, except to blot me out for my evil ways. From what the world told me, I had an angry father image. Sometimes I slip back into it.
2. I had no self-esteem. I felt evil, one inch tall. I was a mean person. I could go on listing negatives: user, taker. I couldn't get it together.
3. I thought I was with God, a vivid memory. So powerful. It led me into a path of connecting with God. I let go of my guilt. I felt love, I think, for the first time. It was a feeling, knowing this inside.
4. I felt loved and loveable, the start of healing my [inner] child. I felt there

was some kind of power in me. I had a new awareness of caring people. I had been afraid of opening myself up, disclosing of deep dark secrets. Others might be judgmental.

(For him, the most important chaplain's service was the 4/5 step. He said: "It's an ongoing process, but that step really opened me up.")

Appendix F
Spirituality Worksheet Questions

The following questions, with the introduction, are given to patients in the first week of their hospitalization. The questions here are simply listed, when given as a worksheet this is a four-page handout with ample room for written and drawn responses.

SPIRITUALITY WORKSHEET
NAME: _____

INTRODUCTION:

Part of recovery is putting into words what "God" or "higher Power" means to you. The first five steps of AA, NA, CA and the other 12-step programs is learning how to tell your story. Talking about what you believe is one way of telling your story. The questions in this worksheet will help you look at your spirituality. These questions are meant to help you see what is important to you. There are no right or wrong answers. When you finish, ask yourself: "What impressions did I have as I answered the questions? What have I learned about myself and the values I hold?"

Section One: Family Values

- 1. What stories were told about your birth?**
- 2. What values did your family express? (What is important in life?)**
- 3. How were family values different from the way your family acted?**

4. Who was the most "spiritual" person in your family? Who was the least?
5. What did these people teach you about life?
6. Who was the person you most depended upon for love and comfort as a child. What did you learn from this person?
7. Was there a "story-teller" in your childhood? What do you remember of the story-teller and the stories?
8. What did your family believe about God? Was religion important?
9. Draw a picture of your family.

How old are you in the picture?

Where are you and your family in the drawing?

Section Two: Personal Values

1. What is the most important thing you have done? Why?
2. What are your own values? How do you keep them? How do you fail to keep them?
3. What have your dreams meant to you?
4. What does God mean to you? What is God like? (If you do not believe in God, use your understanding of "higher Power" for this question and the ones that follow.)
5. Does what you believe about God affect your life? If so, how?
6. What does the devil mean to you?
7. How are you and God getting along?
8. If you could change one thing about yourself, what would it be? Why?
9. If you could change one thing about God, what would it be? Why?
10. Draw a picture of God.

Add a caption underneath if that would be helpful.

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